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Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Adult Care Home</td> <td><input type="checkbox"/></td> <td>Family Care Home</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Combination Home</td> <td><input checked="" type="checkbox"/></td> <td>Nursing Home</td> <td><input type="checkbox"/></td> </tr> </table>	Adult Care Home	<input type="checkbox"/>	Family Care Home	<input type="checkbox"/>	Combination Home	<input checked="" type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Facility Name: Brian Center <i>Hendersonville</i>
Adult Care Home	<input type="checkbox"/>	Family Care Home	<input type="checkbox"/>							
Combination Home	<input checked="" type="checkbox"/>	Nursing Home	<input type="checkbox"/>							
Visit Date: 12-19-2017	Time Spent in Facility: 1 hr 30 min	Arrival Time: 11 : 15 : <input checked="" type="checkbox"/> am								
Person Exit Interview was held with: Cookie Romeo - Director		Interview was held: <input type="checkbox"/> In-Person or Phone (Circle) in person: <input type="checkbox"/>								

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: Buddy Edwards, Darlene Hester, Donna Sheline, Annette Goetz	
Report Completed by: Annette Goetz	

Number of Residents who received personal visits from committee members: 14

Y N **Ombudsman contact information is correct and clearly posted.** Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N **Staffing information is posted.** Yes No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sanitation – Facility 97.5 Census – 103/120 Dietary 98.0 Nothing Observed Nothing Observed
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Egress on 200 Hall – Clean Linen Cart completely open with papers inside on top of clean linens. Complaints about lack of staff and length of time in answering call be Discussed with Director during exit interview
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Facility has a Food Committee which tests the food. Director is involved with the testing also. Food is actually supplied by an Outside contractor.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
Staffing remains an issue. Will Continue to monitor

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Director is very involved with the continued improvement of this Facility. Memory Care Unit is exceptional. Just Press Play is Working Very Well.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

DHHS DOA-022/2004