

Sanitation 98.0
97.5

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: Adult Care Home Family Care Home
 Combination Home Nursing Home

Facility Name: Caroline Reserve H'VU

Visit Date: 10/19/17 Time Spent in Facility: 30 hr 00 min
 Arrival Time: 10 : 00 : 00 am 00 pm

Person Exit Interview was held with: Tia Interview was held with: In-Person or Phone (Circle)

Interview with Administrator Was busy SIC (Supervisor in Charge) BCC Other Staff: (Name & Title) BCC

Committee Members Present: Larry Kowalsky, Barbara Hanson Report Completed by: Barbara Hanson

Number of Residents who received personal visits from committee members: 6

Resident Rights Information are clearly visible. Y N
 Ombudsman contact information is correct and clearly posted. Yes No
updated - left new sheet to be posted

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

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Memory care residents were singing & clapping. Having a good time
 4 patients on a special sleep study - good results

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both inside and outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

talked with 2 ladies & they said everything was great
 one lady asked us to get her a nurse & response was immediate

Resident Services

- Were residents asked their preferences or opinions about

Comments & Other Observations

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman

Exit Summary	Areas of Concern	
<p><i>New paint & new handwood floors have really brightened up the facility</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	17. Are residents asked their preferences about meal & snack choices?
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	17a. Are they given a choice about where they prefer to dine?
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	18. Do residents have privacy in making and receiving phone calls?
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	19. Is there evidence of community involvement from other civic, volunteer or religious groups?
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20. Does the Facility have a Residents Council?
<p><i>Will paint & floor be done a week or so before a certificate great job.</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>	<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p>