

Community Advisory Committee Quarterly/Annual Visitation Report

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| County HENDERSON | Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name CARILLON ASt. Living |
| Visit date 9/25/2018 | Time Spent in Facility Hr. 30 Min | Arrival Time Am 1:00 PM |
| Name of person Exit Interview was held with RENÉE GRAY - RESIDENT CARE (Name & Title) R7 | | |
| Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep | | |
| Committee Members Present: Michele Main Bernie Crossley, Kathleen Quinn, Barbara Hickey | | Report completed by: JACKY POMPOIO |
| Number of Residents who received personal visits from committee members: | | |
| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>update pending</i> | |
| The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small> | Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Resident Profile | Comments and Other Observations | |
| <ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No | <p>STATE RATING - 3A 105.50 SANITATION 98.0</p> <p>Under Carolan Corp, one of 11 facilities. Crew in transition included: Aim, DAVE FARFALIS - Building Betty CUNNINGHAM - Maintenance + Nurse RENÉE GRAY - STAFFING.</p> <p>MORE in memory care - looked unit - CAP-96 current 39 Hosp 4.</p> <p>D-wing - leak repairs underway CLOSED.</p> <p>B - nearly empty. FIRE Alarms are red + enclosed.</p> | |

*no privacy curtains seen.
medication carts were locked.*

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| Resident Living Accommodations | Comments and Other Observations |
|--|---|
| <p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Residents somewhat unsettled due to staff changes</p> <p>some clutter noted in T Room = Fall HAZARD.</p> <p>wire on wrist / or call on neck</p> <p>none heard.</p> |

| Residential Services | Comments and Other Observations |
|--|---|
| <p>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</p> <p>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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Clarity Dir. not available, presumably see conducts intake</p> <p>shopping trips scheduled</p> <p>one gents only dinner out 1-2 mos.</p> <p>may need more encouragement meal not observed.</p> <p>Diary mgmt. not available</p> <p>Food Council - 2nd Thursday</p> <p>none posted on activities schedule.</p> <p>1st Thursday - family support</p> |

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| Areas of Concern | Exit Summary |
|--|---|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> |
| <p>NEXT VISIT would benefit by increase interaction with Managers of all Departments.</p> | <p>Staff stabilization. Plumbing repair Staffing needs met by senior staff. ask to see resident & for council notes.</p> |

