Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON	Facility Type - ☐ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☑ Combination Home	Facility Name: CARILLON
Visit Date: 05/17/2016	Time Spent in Facility: 1 hr min	Arrival Time: 10 : 15 ☑am ☐pm
Name of Person Exit Interview was held with: NATALIE PRAYTOR (Name &Title) ☑Other Staff Rep	Interview was held ☑In-Person ☐Phone ☐Admn. ☐SIC(Supervisor in Charge)	
Committee Members Present: D. SHELINE, A. GOETHE,B. EDWARDS	Report Completed by: DEANNA MCWILLIAMS	
Number of Residents who received personal visits from committee members: 5		
Resident Rights Information is clearly visible. ☑Yes ☐ No	Ombudsman contact information is correct and clearly posted. ☑Yes ☐No	
The most recent survey was readily accessible. ☐Yes ☑ No *(Required for Nursing Homes Only)*	Staffing information is posted. ☐ Yes ☑ No	

Resident Profile

1. Do the residents appear neat, clean and odor free? ☑Yes ☐ 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?* ☑Yes ☐ No
3. Did you see or hear residents being encouraged to participate in their care by staff members? ☑Yes ☐ No
4. Were residents interacting w/ staff, other residents & visitors? ☑Yes ☐No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑Yes ☐ No
6. Did you observe restraints in use? ☐Yes ☑ No
7. If so, did you ask staff about the facility's restraint policies? ☐Yes ☑No

Comments & Other Observations

Sanitation 98
Kitchen 98
Census 44
24 MEMORY CARE
20 ALU
Staffing: 1 LIC
C.N.A.- D-6
E- 7
N-5

Resident Living Accommodations

8. Did residents describe their living environment as homelike? ☑Yes ☐No
9. Did you notice unpleasant odors in commonly used areas? ☐Yes ☑No
10. Did you see items that could cause harm or be hazardous? ☑Yes ☐No
11. Did residents feel their living areas were too noisy? ☐Yes ☑ No
12. Does the facility accommodate smokers? ☐Yes ☑ No
12a. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? ☑Yes ☐ No
14. 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

In an area which was labeled "Quiet Room" but contained a shower, two chairs were tipped over and lying on the floor with chair legs pointed out. This was reportedly done to keep Memory Care residents from entering the shower. We pointed out the safety hazards and suggested perhaps a baby gate would be safer. The chairs were removed and the door to the room was closed.

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑Yes ☐ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No
16a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No
17. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No
17a. Are they given a choice about where they prefer to dine? ☑Yes ☐ No
18. Do residents have privacy in making and receiving phone calls? ☑Yes ☐ No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑Yes ☐ No
20. Does the facility have a Resident's Council? ☑Yes ☐ No
Family Council? ☑Yes ☐ No

Comments & Other Observations

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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.

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type - ☐ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☑ Combination Home	Facility Name: Carillon Assisted Living
Visit Date: 05/17/2016	Time Spent in Facility: hr 45 min	Arrival Time: 10 : 05 ☑am ☐pm

Name of Person Exit Interview was held with: Tresea Activity Director (Name &Title) Interview was held ☐In-Person ☐Phone ☐Admn. ☐SIC(Supervisor in Charge) ☐Other Staff Rep

Committee Members Present: Donna Sheline, Annette Goetz, Deanna McMilliams

Report Completed by: C. A. Buddy Edwards

Number of Residents who received personal visits from committee members: 4 plus the residents i

Resident Rights Information is clearly visible. ☑Yes ☐ No

Ombudsman contact information is correct and clearly posted. ☐Yes ☐No

The most recent survey was readily accessible. ☑Yes ☐ No *(Required for Nursing Homes Only)*

Staffing information is posted. ☑ Yes ☐ No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? ☑Yes ☐ 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?* ☐Yes ☐ No **3.** Did you see or hear residents being encouraged to participate in their care by staff members? ☑Yes ☐ No **4.** Were residents interacting w/ staff, other residents & visitors? ☐Yes ☐No **5.** Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☐Yes ☐ No **6.** Did you observe restraints in use? ☐Yes ☑ No **7.** If so, did you ask staff about the facility's restraint policies? ☐Yes ☐No	
Resident Living Accommodations	**Comments & Other Observations**
8. Did residents describe their living environment as homelike? ☐Yes ☐No **9.** Did you notice unpleasant odors in commonly used areas? ☐Yes ☐No **10.** Did you see items that could cause harm or be hazardous? ☐Yes ☐No **11.** Did residents feel their living areas were too noisy? ☐Yes ☐ No **12.** Does the facility accommodate smokers? ☐Yes ☐ No **12a.** Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside. **13.** Were residents able to reach their call bells with ease? ☐Yes ☐ No **14.** 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	
Resident Services	**Comments & Other Observations**
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐Yes ☐ No **16.** Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No **16a.** Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No **17.** Are residents asked their preferences about meal & snack choices? ☐ Yes ☐ No **17a.** Are they given a choice about where they prefer to dine? ☐Yes ☐ No **18.** Do residents have privacy in making and receiving phone calls? ☐Yes ☐ No **19.** Is there evidence of community involvement from other civic, volunteer or religious groups? ☐Yes ☐ No **20.** Does the facility have a Resident's Council? ☐Yes ☐ No Family Council? ☐Yes ☐ No	

Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? occupancy is 96. 44 residents this date 23 are in memory care unit.	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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