



Full hour: 26 Residents out of 26

Sanitation: 95.5

Community Advisory Committee Quarterly/Annual Visitation Report 96.0

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 Henderson H'ville Asst Living
Visit date 4/12/18	Time Spent in Facility Hr. 30 Min	Arrival Time 10:00 Am PM
Name of person Exit Interview was held with Scott Crummie (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Wanda Reynolds, Barbara Hinson & Garry Kosowsky		Report completed by: Barbara Hinson
Number of Residents who received personal visits from committee members: 4		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	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"> <li>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p>One resident was telling us about their new glasses. Lions Club had provided. Really pleased with them.</p> <p>Scott said a new resident was getting others to participate in more activities.</p>	

Community Advisory Committee Quarterly/Annual Visitation Report

Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; 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 type="checkbox"/> No</p>	<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 &amp; snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Residents Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 &amp; snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Residents Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>They go across the street to the Dollar General</p>