

Community Advisory Committee Quarterly/Annual Visitation Report

C8

County <i>Henderson</i>	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Hendersonville Health and Rehab</i>
Visit date <i>12/18/2018</i>	Time Spent in Facility <i>1</i> Hr. <i>15</i> Min	Arrival Time <i>11:45</i> Am <i>1⁰⁰</i> PM
Name of person Exit Interview was held with <i>Michael Salamone, Administrator</i> (Name & Title) for <i>Garrett, DOH</i>		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: <i>Nadine Christensen, Carol Larimore, Sherry Reid, Donna Spalino</i>		Report completed by: <i>Nadine Christensen</i>
Number of Residents who received personal visits from committee members: <i>18</i>		
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>Needs updating</i>	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	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"> Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p><i>Current residents = 116 Capacity = 130</i></p> <p><i>96.5 facility score 78 Food score</i></p> <p><i>Visited with 18 residents.</i></p> <p><i>Residents expressed ability to determine shower schedule & other personal choices/individual goals.</i></p> <p><i>Residents expressed need for more CNAs.</i></p> <p><i>Sign regarding "wearing of bra" posted above head of bed - determined to be resident's choice.</i></p>	

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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 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 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 & 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 checked="" type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Temporary cypress concens in hallways Open laundry cart observed unattended. Undetermined</i></p> <p><i>Residents praised daily Occupational and physical therapy.</i></p> <p><i>Some delay noted (10 minutes)</i></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 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 Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Activity calendar posted in all rooms. One resident express desire for more activities.</i></p> <p><i>Somewhat - addressed individually but not discussed @ Residents Council</i></p> <p><i>In room or DR</i></p> <p><i>Activity calendar</i></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><i>One resident referred to Social worker to address lack of ability to adjust to their placing in the Facility.</i></p>