

Centur: 30 HL Room for 61
17-Act3

Sanitation 91.0 - parking
94.0 Kitchen
103.5 - Build

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: <u>Assisted Living</u>		Facility Name: <u>Spring Arbor E</u>	
<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home		
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		

Visit Date: 2/9/17 Time Spent in Facility: 45 hr 0 min Arrival Time: 9:30 am pm

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

Interview with Administrator SIC (Supervisor in Charge) Other Staff: (Name & Title) Res. Care Coord

Committee Members Present: Donna Scheline & Barbara Hinson Report Completed by: Barbara Hinson

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

Resident Rights Information are clearly visible. Y N Ombudsman contact information is correct and clearly posted. Yes No Needs update

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

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	- Music playing - Stimulate residents - Clapping etc They were having a Valentines banquet family night with music. Flower Club was there & residents were helped. Residents forward to it. Station Night
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 checked="" type="checkbox"/> Yes <input 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 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 type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	one resident needed bell to be moved closer.
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? [] Outside only [] Inside only [] Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about	

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

**Instructions For Completing
Community Advisory Committee Quarterly / Annual Visit Worksheet**

Exit Summary	Areas of Concern
<p>Discuss items from "Areas of Concern" Section as v as any changes observed during the visit.</p> <p><i>Both were discussed with Tonya.</i></p>	<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>Reignita in one room needed to be cleaned. Elect panels lock was not working</i></p>
<p><i>Talked with husband of one resident & he stated that everything was good</i></p>	<p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>