

Conow! 39 Room for 48
 By end of month they will be full

Sanitation 45
 Ratings: 95.0

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: SP AL

Facility Name: Spring Arbor West

Visit Date: 2/9/17

Time Spent in Facility: 1 hr 15 min

Arrival Time: 10 : 15 : 4 am pm

Person Exit Interview was held with: Gayle

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

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

Committee Members Present: Donna Shelton & Barbara Hanson

Report Completed by: Barbara Hanson

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 Need updated

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 | <p>Residents happy.</p> <p>Flower Club was there decorating with flowers (making arrangements)</p> <p>Residents were helping & having a good time</p> <p>Getting ready for Valentine day Party</p> |
| 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 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 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 | <p>Very clean & neat.</p> |
| 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? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> 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 Administrators or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman

Community Advisory Committee Quarterly / Annual Visit Worksheet

Instructions For Completing

RSS Mgm. - New owners - meeting on 23rd at 6:30 with new owners.

Key new new owners & how everything is going. Some concern w/ water table go up
 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.

There monthly meeting. Had on yesterday
 questions regarding will have RSS Mgm. meeting on 23rd
 Phone in each room

| Areas of Concern | |
|---|---|
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 17. Are residents asked their preferences about meal & snack choices? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 17a. Are they given a choice about where they prefer to dine? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 18. Do residents have privacy in making and receiving phone calls? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 20. Does the Facility have a Resident's Council? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |