

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Henderson</b>	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 <b>LIFE CARE CENTER</b>
Visit Date <b>2-21-17</b>	Time Spent in Facility      hr      min	Arrival Time      : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with _____ <input type="checkbox"/> Other Staff Rep      _____ (Name & Title)		Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: <b>Donna Shelton, Annette Goetz, Buddy Edwards</b>		Report Completed by: <b>DARLENE HESTER</b>
Number of Residents who received personal visits from committee members: <b>3</b>		
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 type="checkbox"/> Yes <input type="checkbox"/> No
<b>Resident Profile</b>		<b>Comments &amp; Other Observations</b>
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning</i> <i>their eyeglasses?</i> <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 type="checkbox"/> Yes <input checked="" 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		<b>Good CARE.</b>
<b>Resident Living Accommodations</b>		<b>Comments &amp; Other Observations</b>
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside & 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 checked="" type="checkbox"/> No		<b>Room 208 was vacant, but had urine smell due to cracks around stool in flooring. Have plans to replace bathroom floors, carpeting, etc soon.</b>  <b>Exit door blocked by cleaning</b>
<b>Resident Services</b>		<b>Comments &amp; Other Observations</b>
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>CART + VACUUM MACHINE.</b>  <b>Resident said they needed more CNAs on weekends.</b>
<b>Areas of Concern</b>		<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		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.