

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Henderson</u>		Facility Type: <input checked="" type="checkbox"/> Adult Care Home		Family Care Home		Facility Name: <u>Grub View</u>	
Visit Date: <u>1/24/17</u>		Combination Home		Nursing Home			
Time Spent in Facility: <u>1 hr 15 min</u>		Arrival Time: <u>9:30 am</u>		Interview was held with: <u>Adm.</u>		Interview was held <input checked="" type="checkbox"/> In Person	
Name of Person: <u>Angela Cramer</u>		SIC (Supervisor in Charge)		Other staff			
Committee Members Present: <u>Annette Lutz, Donna Shelby</u>		Report Completed by: <u>Donna Shelby</u>					
Number of Residents who received personal visits from committee members:							
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 type="checkbox"/> Yes <input type="checkbox"/> No		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Resident Profile</b>		<b>Comments &amp; Other Observations</b>					
<p>1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. If no, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><i>Strong urine odor remains in facility</i></p> <p><i>No toilet tissue available in some bathroom. Housekeeper says a short age from time to time.</i></p>					
<b>Resident Living Accommodations</b>		<b>Comments &amp; Other Observations</b>					
<p>1. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.</p> <p>7. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><i>Broken window in plywood + duct tape closing off the area.</i></p> <p><i>Return grill in ceiling for HVAC system not cleaned</i></p> <p><i>Chair broken - screw + held back</i></p>					
<b>Resident Services</b>		<b>Comments &amp; Other Observations</b>					
<p>1. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal &amp; snack options? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other clubs, fraternal or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><i>Menu not posted</i></p>					