

Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	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 Torre's Home #22
Visit Date 07-31-2018	Time Spent in Facility 1 hr 30 min	Arrival Time 1:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with Carrie Mathis		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Other Staff Rep Nicole (Name & Title) CNA		
Committee Members Present: Bernie Brodsky, Shelly Maupin, Barbara Hickey		Report Completed by: B. Hickey
Number of Residents who received personal visits from committee members: 2		
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 <i>Required for Nursing Homes Only</i>		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 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		Bldg #22 1 up. ad. Rooms large and airy. Facility has 6 rms. all presently occupied. 2 male and 4 female. Residents all in rooms after lunch watching TV or napping. no odors.
Resident Living Accommodations		Comments & Other Observations
1. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 7. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 9a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		On entering LR noticed all sofas & chairs had chips on seats. Staff explained this was due to maintenance issues. Activity calendar posted with daily activities. Snacks available upon request
Resident Services		Comments & Other Observations
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 2. 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 3a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9. Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		There are 2 units with an enclosed yard between them. Residents in each facility can freely pass from one bldg to the other through yard. Other doors locked and codes needed to enter & exit. One resident went from one bldg to other during our visit. Residents taken with by Staff to Dr. & activities. Showers provided 2x week. No phones in rooms.
Areas of Concern		Exit Summary
1. Are there resident issues or topics that need follow-up or review at a later time or during the next visit? None		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.