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4/22

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name BRIAN CENTER HEALTH <i>at Petal</i>
Visit date 4/22/2019	Time Spent in Facility 1 Hr. 10 Min	Arrival Time 2 PM
Name of person Exit Interview was held with MICHA WILSON-DON (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: DAVE SMITH, DON STUEB, JACKY POMPOIO		Report completed by: JACKY POMPOIO
Number of Residents who received personal visits from committee members: 7		
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 checked="" type="checkbox"/> Not correct.	
The most recent survey was readily accessible. <input checked="" 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 NOT SEEN	
Resident Profile		Comments and Other Observations
<ol style="list-style-type: none"> Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 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 Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 		<p>1 male with strong urine odor.</p> <p>not observed.</p> <p>not observed - one nurse alerted us to family member with concerns regarding pending room change.</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <ol style="list-style-type: none"> 1. room changes 2. unlocked open med + cart 3. strong urine odor 4. very cluttered dining area 5. rehab facilities observed, not with residents. 	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>DON - was open & forthcoming concerning areas discussed.</p> <p>air filter system being replaced & repaired</p> <p>To discuss resident rights</p> <p>To refuse pending moves.</p> <p>To counsel nurse re: med cart & med exposure.</p>

adm. Donna Morgan - Kelly was not available.

Staff were observed to be neat & clean.