

26

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson		Facility Type:				Facility Name: HENDERSON Health and Rehab				
		Adult Care Home		Family Care Home						
Visit Date: MAY 21, 2019		Combination Home		X	Nursing Home		Arrival Time: 9 : 45 X am pm			
		Time Spent in Facility		1	hr	15				

Person Exit Interview was held with: _____ Interview was held In-Person

Administrator, Michael Salomone

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
----------------------------	-----------------------------

Committee Members Present: Nadine Christensen, Carol Larimore, Jean Tuech, Annette Goetz	Report Completed by: Nadine Christensen
--	---

Number of Residents who received personal visits from committee members: 19

Resident Rights Information is clearly visible.	X	Y	N	Ombudsman contact information is correct and clearly posted. Needs Updating	Yes	X	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	X	Y	N	Staffing information is posted.	X	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	Residents very complimentary of staff especially rehab staff High fall risk resident provided with low bed and floor mat Did not observe
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 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? Yes No
- 9. Did you notice unpleasant odors in commonly used areas? Yes No
- 10. Did you see items that could cause harm or be hazardous? Yes No
- 11. Did residents feel their living areas were too noisy? Yes No
- 12. Does the facility accommodate smokers?
Where? [] Outside only [X] Inside only [] Both Inside and Outside.
- 13. Were residents able to reach their call bells with ease? Yes No
- 14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff? Yes No

300 hall egress blocked
Nourishment & linen doors propped open
Soiled linen door unlocked

Use attractive patio area

Resident Services

Comments & Other Observations

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer to dine? Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

Did not discuss

Attractive DR with table cloths & fresh flowers

Listed on Activity calender

Areas of Concern

Exit Summary

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.

No

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

