Community Advisory Committee Quarterly/Annual Visitation Report

C8

County: Henderson	Facility Type: ☑ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☐ Combination Home	Facility Name: JUST IN TIME #2
Visit date: April 4, 2019	Time Spent in Facility: Hr. 25 Min	Arrival Time: 1150 Am PM
Name of person Exit Interview was held with: GINGER BARRELL - mgr. (Name & Title)		
Interview was held: ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep		
Committee Members Present: Ron Howard & Don Streb		Report completed by: Tracy Pompoid
Number of Residents who received personal visits from committee members: 2		
Resident Rights Information is clearly visible. ☑ Yes ☐ No	Ombudsman contact information is correct and clearly posted. ☐ Yes ☑ No needs update	
The most recent survey was readily accessible. ☐ Yes ☐ No (Required for Nursing Homes Only)	Staffing information is posted. 24hr ☑ Yes ☐ No One full time resident mgr.	

Resident Profile

1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ 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?* ☐ Yes ☑ No
3. Did you see or hear residents being encouraged to participate in their care by staff members? ☐ Yes ☑ No
4. Were residents interacting w/ staff, other residents & visitors? ☑ Yes ☐ No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☐ Yes ☐ No N/A
6. Did you observe restraints in use? ☐ Yes ☑ No
7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☑ No

Comments and Other Observations

facility neat & clean.
6 residents
4 ♀
2 ♂
4 ♀, spoke with - happy content.
all help certified med Tech & personal care assistants.

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Resident Living Accommodations	Comments and 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? ☑ Yes ☐ No 12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside & Outside. 13. Were residents able to reach their call bells with ease? ☐ Yes ☐ No N/A 14. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No N/A 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No N/A	

Residential Services	Comments and 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? ☑ Yes ☐ No 16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No 17. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No *17a. 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 Family Council? ☐ Yes ☐ No	Activity calendar posted none ongoing at time of visit monthly visit to Walmart &/or Dollar store Family style - One resident allowed to do own cooking by pt. order

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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? HHS residents rights posted – some info updated	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.