

Community Advisory Committee Quarterly/Annual Visitation Report

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County: *Henderson*

| | | | |
|--|--|---|----|
| Facility Type: | | Facility Name: | |
| <input type="checkbox"/> Adult Care Home | <input checked="" type="checkbox"/> Family Care Home | <i>Kay Family Care Home</i> | |
| <input type="checkbox"/> Combination Home | <input type="checkbox"/> Nursing Home | | |
| Visit Date: <i>01-22-19</i> | Time Spent in Facility: <i>1</i> hr <i>0</i> min | Arrival Time: <i>11:10</i> am | pm |
| Name of Person Exit Interview was held with: | | Interview was held: <input checked="" type="checkbox"/> In-Person | |

Name: *Jenifer Madziwanyika* Phone: _____

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: *Jacky Pomponio, Don Streb, Ron Howard, Ron Howard* Report Completed by: _____

Number of Residents who received personal visits from committee members: *6* [*2 were at a day program*]

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No Staffing information is posted. Yes No

(Required for Nursing Homes Only)

| Resident Profile | Comments & Other Observations |
|--|--|
| 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>all residents are very well cared for. They are happy, enjoy living at the home, and have access to transportation & community outings. They get paid on the first of the month. Living conditions are excellent.</i> |
| 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 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 checked="" type="checkbox"/> No | |
| <i>Rating: 102.50 4 Stars</i> | |

| Resident Living Accommodations | Comments & Other Observations |
|---|--|
| 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>The entire facility was spotless. Very nice outside patio with table and chairs. Bedrooms are spacious and well appointed. Beds of personal items in each B. B. and new flooring throughout the facility. Bed & chest cabinet in locked office.</i> |
| 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | |
| 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Resident Services | Comments & Other Observations | |
|---|--|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>Residents told us they have input into their meals and snacks. They have opportunities to go shopping for personal items. The Administrator likes there are well respected/liked by all residents. Food is very good according to all residents. we found nothing that warranted corrective action. @ could be a model for family care homes!</i> | |
| 16. 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 | | |
| 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>monthly</i> | | |