

8

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:	
<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home

Facility Name: Torres Home # 22

Visit Date: 2-28-19 Time Spent in Facility: 1 hr 0 min Arrival Time: 2 : 10 am pm

Name of Person Exit Interview was held with: Katrina Netherton Interview was held In-Person

Name: Katrina Netherton Phone: 828-697-7522

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

Committee Members Present: Ron Howard, Jacky Pomponio, Michelle Karpin, Kitty Duan Report Completed by: Ron Howard

Number of Residents who received personal visits from committee members: 4

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No Needs to be updated

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

Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>This is a memory care facility</u> <u>However, this is a Locked Facility</u>
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"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input type="checkbox"/>	

Resident Living Accommodations	Yes	No	Comments & Other Observations
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>- could not communicate this</u> <u>No call bells due to residents' inability to use</u> " "
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	<input type="checkbox"/>	
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>	

Resident Services	Yes	No	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>very limited response</u> <u>with assistance</u> <u>only with assistance</u> <u>not sure - didn't observe</u> " " <u>with assistance</u>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	<input type="checkbox"/>	
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	