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Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Combination Home	Facility Name <i>Universal Health Rehab</i>
Visit date <i>1/5/2019</i>	Time Spent in Facility Hr. <i>1</i> Min <i>50</i>	Arrival Time <i>10:50</i> AM
Name of person Exit Interview was held with <i>Sue Robinson, Administrator</i> (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: <i>Nadine Christensen, Don Streb, Annette Goetz, Jean Tuech</i>		Report completed by: <i>Nadine Christensen</i>
Number of Residents who received personal visits from committee members: <i>12</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>needs updating</i>	
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 checked="" type="checkbox"/> No <i>97.5 - Facility 98.5 - Food Service</i>	
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input 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><i>Occupancy - 80 out of 90 5 Rehab beds in flux - Mission Preferred Center</i></p> <p><i>Residents expressed need for more CNAs. Discussed recruitment efforts with Administrator.</i></p> <p><i>Residents expressed appreciation for care provided by staff.</i></p> <p><i>Assisted one resident who "could not breathe" to obtain immediate assistance.</i></p> <p><i>Did not observe.</i></p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None Smoking facility</i></p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p style="font-size: 1.2em;"><i>One soiled utility room unlocked.</i></p>
Residential Services	Comments and Other Observations
<p>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</p> <p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>?</p>	<p style="font-size: 1.2em;"><i>One resident expressed desire to attend more activities / get to know others.</i></p> <p style="font-size: 1.2em;"><i>Limited preference sheets completed every morning.</i></p> <p style="font-size: 1.2em;"><i>On posted activity calendar.</i></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> <p><i>None.</i></p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>