

## Community Advisory Committee Quarterly/Annual Visitation Report

County:  
Henderson

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

Visit Date 08-15-17	Time Spent in Facility	1	hr	15	min	Arrival Time	11	:	2	5	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
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Person Exit Interview was held with: Chris Drake - Administrator	Interview was held	<input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person
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SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Buddy Edwards, Donna Sheline, Annette Goetz	Report Completed by: Annette Goetz
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Number of Residents who received personal visits from committee members: 12	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N Ombudsman contact information is correct and clearly posted. updated by <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Y <input type="checkbox"/> N Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Census – 49/60  Sanitation – Dietary 98.0 Facility 97.5  2 Hr. Resident Checks were either not being completed or were not being logged.  Restraints are being used per doctors instructions as part of care plan, however they were not loosened at mealtime as required and residents were still restrained.
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Crank handles on bed left out not released and placed under bed  Hand Sanitizer, dirty, used gloves and a non-resident drink were on the night stand.  Nasal Cannulas not bagged and on floor.  2 Oxygen tanks on floor-not in racks.
9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input 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 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?  Yes  No
- 14a. If no, did you share this with the administrative staff?  Yes  No

Nothing observed

**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?  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

Bandages on resident torn, dirty and bloody. Needed to be replaced – no date or time as to last change.

**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? All of the above issues were discussed during our exit interview and will be followed up on our next visit.

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form. Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.