

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson		Facility Type:				Facility Name: Fletcher View Inn								
		Adult Care Home	x	Family Care Home										
		Combination Home		Nursing Home										
8-30-2017		Time Spent in Facility		hr	45 min	Arrival Time : 11:50am						am	pm	
David Strang , owner						Interview was held			In-Person					
David Strang		SIC (Supervisor in Charge)		Other Staff: (Name & Title)			Shelly, assistant							
Committee Members Present: Bernie Brodsky, Martha Sachs, Kitty Dunn, Calvin Titus, Louise Gee						Report Completed by: Louise Gee								
Number of Residents who received personal visits from committee members: 10+ : 4														
Resident Rights Information is clearly visible:				<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					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Resident Profile							Comments & Other Observations							
1. Do the residents appear neat, clean and odor free?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 bed facility; 1 bed open Staffed 24/7 Residents present well groomed, wearing clean clothing. Elderly resident supervised and encouraged during lunch. This resident had adaptive tools on dinner plate, cup, and spoon. Residents were cheerful and responsive to staff and visiting CAC members.									
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 type="checkbox"/>	No	

Resident Living Accommodations Other Observations	Comments &
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8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>One resident responded as being very comfortable within the home.</p> <p>No offensive odors. The only aroma was that of fresh food being prepared for lunch.</p> <p>Smoking was not address during this visit.</p> <p>Call lights were not addressed during this visit. This is a small family home . Staff are in close proximity with the residents. Staff seem to respond quickly to the needs of the residents.</p>
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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
12a. Where? <input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services	Comments & Other Observations
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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>The residents with whom we interacted are elderly with both physical and cognitive impairments. Selected activities include music appreciation with sing-along encouraged, and just observing daily staff activities such as working in the garden</p> <p>We observed one resident's room that had personal furnishings, family photos and a framed university degree.</p> <p>One resident was allowed to eat lunch at beside due to feeling unwell.</p>
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?

X	Yes		No
	Yes	X	No
	Yes	X	No

Phones are available but these residents would require assistance in completing calls.

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

20. Does the Facility have a Resident's Council?

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? None

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

A new air conditioning system has recently been installed.

Safety hand grips have been installed at the door to the screened-in-porch.