

442

Sanitation 97.0  
98.0

# Community Advisory Committee Quarterly/Annual Visitation Report 12/1/130 bed full

County: Henderson

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

Facility Name: Hendersonville Health & Rehabilitation

Visit Date: 9/18/17

Time Spent in Facility: 1 hr 15 min

Arrival Time: 10:00  am  pm

Person Exit Interview was held with: Kevin Poole (New)

Interview was held with:  In-Person or Phone (Circle)

Interview with  Administrator  SIC (Supervisor in Charge)  Other Staff: (Name & Title)

Committee Members Present: Larry Kosowsky, Donna Sheline, Barbara Johnson

Report Completed by: Barbara Johnson

Number of Residents who received personal visits from committee members: 10

Resident Rights Information are clearly visible.  Y  N

Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible. (Required for Nursing Homes Only) 7/21/16 had State Visit 7/17 Not in book

Staffing information is posted.  Yes  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	Residents (7) getting hair done Residents were playing bingo
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	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	dirty briefs here in waste basket & not bagged Personal items were not bagged one wheel chair in 600 Hall was very dirty dirty medicine cup & spoon on hand rail
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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
15. Were residents asked their preferences or opinions about	

the activities planned for them at the facility?

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

17. Can residents access their monthly needs funds at their convenience?

17. Are residents asked their preferences about meal & snack choices?

17a. Are they given a choice about where they prefer to dine?

18. Do residents have privacy in making and receiving phone calls?

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

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

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Talked to a family member that said her mom had been there 10 years and was very happy with service. Well 300 was short nurse so resident was getting Med late.

**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~~ Make sure dirty briefs are being bagged.

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

They had made preparations <sup>area</sup> for the hurricane.

**Instructions For Completing  
Community Advisory Committee Quarterly / Annual Visit Worksheet**

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman