

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:				Facility Name: Carillon											
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home												
		Combination Home		Nursing Home												
Visit Date: 02-21-17	Time Spent in Facility			hr	45	min	Arrival Time	10	:	2		<input checked="" type="checkbox"/>	am		<input type="checkbox"/>	pm
Person Exit Interview was held with:							Interview was held		<input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person						

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Buddy Edwards, Darlene Hester, Donna Sheline, Annette Goetz	Report Completed by: Annette Goetz
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Number of Residents who received personal visits from committee members: 10+ (8)		<input type="checkbox"/>	Y	<input checked="" 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 checked="" 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?	<p>Overall this is certainly never a problem. Did notice one incident of oral care requiring some attention. Discussed during exit interview. Would be handled immediately.</p> <p>Sanitation – Facility 98.0 Dietary 98.0</p> <p>Census 41/96</p>
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	<p>During exit interview reminded the facility that all equipment should be kept away for exits affording residents easy egress.</p>
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
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?

14. Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

14a. If no, did you share this with the administrative staff?

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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

This is a very lovely, well maintained facility with one of the best Memory Care Units available. Their additional Memory Care unit is progressing very well and should open in a few months.

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.