

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:				Facility Name:										
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	The Laurels of Hendersonville										
		Combination Home		Nursing Home											
Visit Date 11-12-17	Time Spent in Facility			1	hr	15	min	Arrival Time	11:	:	4	:	x	am	pm
Person Exit Interview was held with: Tori Hope - Administrator									Interview was held		<input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person			

	SIC (Supervisor in Charge)	Other Staff: (Name & Title) Nancy Wallace - DON	
Committee Members Present: Donna Sheline, Barbara Hinson, Annette Goetz			Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: **12**

Y N Ombudsman contact information is correct and clearly posted. updated by Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N 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	Census 107/114 Sanitation – Facility 98.0 Dietary 98.0 Nothing observed Nothing observed
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 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 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	MARS open and unlocked – discussed with Administrator during exit interview. Many call bells were not within reach of residents. Numerous complaints of very long wait times for call bells to be answered. Discussed with Administrator.
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. If no, did you share this with the administrative staff? Yes No

Resident Services **Comments & Other Observations**

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to line? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

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? Advised the Administrator and DON of the problem of call bells not within reach of the residents and extremely long wait times for calls to be answered. We were assured by the Administrator that an "In Service" training on the accessibility of and urgency in answering call bells would begin today. She and DON are also beginning today a "call bell audit".

Will follow 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.