

Community Advisory Committee Quarterly/Annual Visitation Report

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County <i>HENDERSON</i>	Facility Type: <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <i>JUST IN TIME #1</i>
Visit date <i>April 4, 2019</i>	Time Spent in Facility Hr. <i>25</i> Min	Arrival Time <i>11</i> Am <i>25</i> PM
Name of person Exit Interview was held with <i>FAITH MONDROSAN - Mgr. (Name & Title)</i>		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: <i>Ron Howard + Don STREB</i>		Report completed by: <i>Jacky Rodriguez</i>
Number of Residents who received personal visits from committee members: <i>1-3</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>NEED NAME update</i>	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>one full time Resident Mgr.</i>	
Resident Profile		Comments and Other Observations
<ol style="list-style-type: none"> Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<p><i>At's were in rooms with door closed.</i></p> <p><i>Some came out for lunch & watch T.V.</i></p> <p><i>A volunteer knew one resident, all seemed content, clean & well groomed.</i></p> <p><i>6 residents</i></p> <p><i>4 ♂ + 2 ♀</i></p> <p><i>Facility very neat & clean</i></p>	

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Resident Living Accommodations

Comments and Other Observations

- 8. Did residents describe their living environment as homelike? Yes No
- 9. Did you notice unpleasant odors in commonly used areas? Yes No
- 10. Did you see items that could cause harm or be hazardous? Yes No
- 11. Did residents feel their living areas were too noisy? Yes No
- 12. Does the facility accommodate smokers?
 Yes No
- 12a. Where? Outside only
 Inside only Both Inside & Outside.
- 13. Were residents able to reach their call bells with ease? Yes No *NA*
- 14. Did staff answer call bells in a timely & courteous manner? Yes No *NA*
- 14a. If no, did you share this with the administrative staff? Yes No *NA*

Residential Services

Comments and 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
Family Council? Yes No

*Activity CALENDAR POSTED
NOTE AT TIME OF VISIT*

*ONCE A MO TO WAL-MART/
DOLLAR STORE.*

UNKNOWN.

FAMILY style

PORTABLE phone available

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Areas of Concern	Exit Summary
<p data-bbox="203 220 755 325">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="219 336 698 504">Ombudsman INFO need updates & consolidated.</p>	<p data-bbox="771 241 1453 325">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>