Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson
Facility Type: Combination Home
Facility Name: [Redacted]
Visit Date: 12-19-2017
Time Spent in Facility: 1 hr 30 min
Arrival Time: 11:15 am
Interview was held
In-Person or Phone (Circle) In person

Person Exit Interview was held with: Cookie Romeo - Director
SIC (Supervisor in Charge)
Other Staff: (Name & Title)
Committee Members Present: Buddy Edwards, Darlene Hester, Donna Sheline, Annette Goetz
Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 14

The most recent survey was readily accessible. (Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted. updated by

Staffing information is posted.

Resident Profile

1. Do the residents appear neat, clean and odor free? [X] Yes [ ] No [ ] N
2. Did residents say they receive assistance with the personal care activities, e.g., brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? [X] Yes [ ] No
3. Did you see or hear residents being encouraged to participate in their care by staff members? [X] Yes [ ] No [ ] N
4. Were residents interacting with staff, other residents & visitors? [X] Yes [ ] No [ ] N
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [X] Yes [X] No [ ] N
6. Did you observe restraints in use? [X] Yes [X] No [ ] N
7. If so, did you ask staff about the facility’s restraint policies? [X] Yes [X] No [ ] N

Resident Living Accommodations

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

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? [X] Yes [ ] No [ ] N
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [X] Yes [ ] No [ ] N
16a. Can residents access their monthly needs funds at their convenience? [X] Yes [ ] No [ ] N
17. Are residents asked their preferences about meal & snack choices? [X] Yes [X] No [ ] N
17a. Are they given a choice about where they prefer to dine? [X] Yes [X] No [ ] N
18. Do residents have privacy in making and receiving phone calls? [X] Yes [X] No [ ] N
19. Is there evidence of community involvement from other civic, volunteer or religious groups? [X] Yes [X] No [ ] N
20. Does the facility have a Resident’s Council? [X] Yes [X] No [ ] N

Sanitation – Facility 79.5
Dietary 98.0
Census – 103/120
Nothing Observed
Nothing Observed

Complaints about lack of staff and length of time in answering call be discussed with Director during exit interview

No Egress on 200 Hall – Clean Linen Cart completely open with papers inside on top of clean linens.

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?
Staffing remains an issue. Will continue to monitor

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Director is very involved with the continued improvement of this Facility. Memory Care Unit is exceptional. Just Press Play is Working Very Well.

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.

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