Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson
Facility Type - ☐ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☐ Combination Home
Facility Name: Life Care
Visit Date: 2-20-18
Time Spent in Facility: 7 hr
Name of Person Exit Interview was held with: Denise
Other Staff Rep: (Name & Title)
Committee Members Present: Donna She authoritarian Annette Goetz, Buddy Edwards
Report Completed by: Darlene Heaster
Number of Residents who received personal visits from committee members: 18
Resident Rights Information is clearly visible: Yes ☐ No ☐
The most recent survey was readily accessible: Yes ☐ No ☐
(Required for Nursing Home Only)
Ombudsman contact information is correct and clearly posted: Yes ☐ No ☐
Staffing information is posted: Yes ☐ No ☐

Resident Profile

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

Resident Living Accommodations

8. Did residents describe their living environment as home-like? 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 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 ☐
14. Did staff answer call bells in a timely & courteous manner? Yes ☐ No ☐
14a. If no, did you share this with the administrative staff? Yes ☐ No ☐

Resident Services

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 ☐

Areas of Concern
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Comments & Other Observations

People congregating around nurse station makes them feel comfortable
Resident by nurse station asked for glass of warm milk C/W when we inquired got glass of milk for her
Sanitation 98.0
Eggs exit across from dining room semi-blocked
Red paper on floor
200 Hall Food cart down hall, but on one side conflicting
Waiting on light outside room was attended to in about 6 min

Exit Summary
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.