## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Visit Date:** 08-15-17  
**Facility Type:**  
- [x] Adult Care Home  
- [ ] Family Care Home  
- [ ] Combination Home  
- [ ] Nursing Home  
**Facility Name:** Cardinal Care  
**Time Spent in Facility:** 1 hr 15 min  
**Arrival Time:** 11:25 am (pm)  
**Person Exit Interview was held with:** Chris Drake - Administrator  
**Interview was held:** [x] In-Person or Phone (Circle) in person

**SIC (Supervisor in Charge):**  
**Other Staff: (Name & Title):**  
**Committee Members Present:** Buddy Edwards, Donna Sheline, Annette Goetz  
**Report Completed by:** Annette Goetz  
**Number of Residents who received personal visits from committee members:** 12

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

<table>
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<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>Ombudsman contact information is correct and clearly posted, updated by</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>x</td>
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<td>Yes</td>
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**Staffing information is posted.**

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<th>Y</th>
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<td>x</td>
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<td>Yes</td>
<td>No</td>
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### Resident Profile

1. Do the residents appear neat, clean and odor free?  
   - x 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?*  
   - x Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members?  
   - Yes x No
4. Were residents interacting w/ staff, other residents & visitors?  
   - x Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
   - x Yes No
6. Did you observe restraints in use?  
   - x Yes No
7. If so, did you ask staff about the facility's restraint policies?  
   - x Yes No

### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  
   - x Yes No
9. Did you notice unpleasant odors in commonly used areas?  
   - x Yes No
10. Did you see items that could cause harm or be hazardous?  
    - x Yes No
11. Did residents feel their living areas were too noisy?  
    - Yes x No
12. Does the facility accommodate smokers?  
    - x Yes No
12a. Where?  
    - x Outside only [ ] Inside only [ ] Both Inside and Outside.
13. Were residents able to reach their call bells with ease?  
    - x Yes No

### Comments & Other Observations

- **Census – 49/60**
- **Sanitation – Dietary 98.0**  
  - Facility 97.5
- 2 Hr. Resident Checks were either not being completed or were not being logged.
- Restraints are being used per doctors instructions as part of care plan, however they were not loosened at mealtime as required and residents were still restrained.

- **Crank handles on bed left out not released and placed under bed**
- **Hand Sanitizer, dirty, used gloves and a non-resident drink were on the night stand.**
- **Nasal Cannulas not bagged and on floor.**
- **2 Oxygen tanks on floor not in racks.**
14. Did staff answer call bells in a timely & courteous manner?
14a. If no, did you share this with the administrative staff?

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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>Bandages on resident torn, dirty and bloody. Needed to be replaced – no date or time as to last change.</td>
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<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>x</td>
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<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>x</td>
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<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>x</td>
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<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>x</td>
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<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>x</td>
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<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>x</td>
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<td>20. Does the Facility have a Resident's Council?</td>
<td>x</td>
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<th>Areas of Concern</th>
<th>Exit Summary</th>
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<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? All of the above issues were discussed during our exit interview and will be followed up on our next visit.</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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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.

DHHS DOA-022/2004