Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: 
- Adult Care Home
- Nursing Home
- Combination Home

Facility Name: Cherry Spring

Visit Date: Oct 11, 2017

Time Spent in Facility: 1 hr 15 min

Interview was held by: Person

Phone: Admin.

SIC (Supervisor in Charge)

Other Staff Rep: (Name & Title)

Committee Members Present:

Laury Kosowski, Barb Hyson

Number of Residents who received personal visits from committee members:

53 Residents/60 Capacity

Sanitation: 98.0%

4 Stars

Upgraded Non-Main Street

Welcoming with nice flower arrangement

New flooring in main areas

Staff mingle with residents at meal time

Resident Profile

1. Do the residents appear neat, clean and odor free? Yes No

2. Did residents say they received assistance with personal care activities, such as 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 or interact with residents who had difficulty communicating or making their needs known vocally? 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 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

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

Family 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?

NONE

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

NONE

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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