### Facility Information

- **County:** Henderson
- **Visit Date:** 9/18/17
- **Time Spent in Facility:** 1 hr 15 min
- **Arrival Time:** 10:00 am
- **Interview was held with:** Kevin Poole (New)
- **Committee Members Present:**
  - Larry Kowalsky
  - Donna Shuning
  - Barbara Hudson

### Resident Rights Information
- Resident Rights Information are clearly visible. [☑]
- Ombudsman contact information is correct and clearly posted. [☑]

### Recent Survey
- The most recent survey was readily accessible. [☑]

### Resident Profile

1. Do the residents appear neat, clean and odor free? [☑]
2. Did residents say they receive assistance with personal care activities, e.g., brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? [☑]
3. Did you see or hear residents being encouraged to participate in their care by staff members? [☑]
4. Were residents interacting w/ staff, other residents & visitors? [☑]
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [☑]
6. Did you observe restraints in use? [☑]
7. If so, did you ask staff about the facility's restraint policies? [☑]

### Legal Rights

- [☑] Right to Be Treated with Dignity and Respect
- [☑] Right to Privacy
- [☑] Right to Be Informed
- [☑] Right to Participate in Planning
- [☑] Right to Make Decisions
- [☑] Right to Practice Religion
- [☑] Right to Communication
- [☑] Right to Contact and Visitation
- [☑] Right to Petition
- [☑] Right to Complaint

### Comments & Other Observations

- Residents (7) getting hair done
- Residents were playing bingo
- Dirty brush, sink and waste basket were not bagged
- Personal items were not bagged
- Wash cloth in 600 hall was very dirty
- Dirty medicine and soap
- In Henderson
the activities planned for them at the facility?
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
17. Can residents access their monthly needs funds at their convenience?
17a. Are residents asked their preferences about meal & snack choices?
18. Are residents given a choice about where they prefer to dine?
19. Do residents have privacy in making and receiving phone calls?
20. Is there evidence of community involvement from other civic, volunteer or religious groups?
20. Does the Facility have a Resident's Council?

Areas of Concern

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

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

Talked to a family member that said her mom had been there 10 years and was very happy with service. Hall 300 was short nurse so resident was getting medication late.

Make sure dirty briefs are being bagged.

They had made preparations for the hurricane.

Instructions For Completing
Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman