Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Interview was held</th>
</tr>
</thead>
<tbody>
<tr>
<td>HENDERSON</td>
<td>Family Care Home</td>
<td>CARDINAL CARE</td>
<td>5-15-18</td>
<td>1 hr 26 min</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Staff Rep</th>
<th>Name &amp; Title</th>
<th>Report Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ANNETTE GOETZ, DONNA SHELINE, DARLENE HESTER</td>
<td>DARLENE HESTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Residents who received personal visit from committee member(s)</th>
<th>Ombudsman contact information is correct and clearly posted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Resident Rights information is clearly visible. ☐ Yes ☐ No

The most recent survey was readily accessible. ☐ Yes ☐ No

(Required for Nursing Home Only)

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 homelike? ☐ 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 meals & 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?

Comments & Other Observations

One room had 2 wheel chairs & 1 walker. Cluttered up room. 

Apartment feces around stool and on carpet leaving bathroom.

Resident said:

"Medications not always given at correct times. Sometimes to close together other times to far apart."

Dining Area needed sweeping and mopping.

Phone sitting on corner of desk in open area for resident use.