## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Assisted Living

### Reports

**Facility Name:** Carillon Assisted Living

**Visit Date:** 06-28-18  
**Time Spent in Facility:** 30 min  
**Arrival Time:** 10:30 am

**Learner of Person Exit Interview was held with:** Tiffany Payley - Adm.  
**Interview was held:** In-Person  
**Phone:** Adm.  
**NICU:** Supervisor in Charge

### Committee Members Present:

- **Sennie Brooksby, Michelle Marlin**

### Resident Profile

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

### Resident Living Accommodations

- Did residents describe their living environment as home-like? **Yes**
- Did you notice unpleasant odors in commonly used areas? **Yes**
- Did you see items that could cause harm or be hazardous? **Yes**
- Did residents feel their living areas were too noisy? **Yes**
- Does the facility accommodate smokers? **Yes**
- Where? **Outside only**
- Were residents able to reach their call bells with ease? **Yes**
- Did staff answer call bells in a timely & courteous manner? **Yes**
- If no, did you share this with the administrative staff? **Yes**

### Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? **Yes**
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? **Yes**
- Can residents access their monthly needs funds at their convenience? **Yes**
- Are residents asked their preferences about meal & snack choices? **No**
- Are they given a choice about where they prefer to dine? **Yes**
- Do residents have privacy in making and receiving phone calls? **Yes**
- Is there evidence of community involvement from other civic, volunteer or religious groups? **Yes**
- Does the facility have a Resident’s Council? **Yes**
- Family Council **Yes**

### Areas of Concern

- 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 well as any changes observed during the visit.

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