Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDON
Facility Type: Adult Care Home
Facility Name: CARLONNA RESERVE - LIVEL PARK

Visit Date: JUN 15, 2017
Time Spent in Facility: 1 hr 45 mins
Arrival Time: 10:30 AM

Name of Person Exit Interview was held with: DAVID FREELAND - ADMIN
Other Staff Rep: JULIE - RESIDENT CARE (Name & Title)

Committee Members Present:
LARRY KOSOWSKI + TOM KEOATING

Number of Residents who received personal visits from committee members: 1 RESIDENT

Resident Rights information is clearly visible. Yes No
The most recent survey was readily accessible. Yes No
(Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted. Yes No
Staffing information is posted. Yes No

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 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
13. Where? Outside only Yes No
14. Were residents able to reach their call bells with ease? Yes No
15. Did staff answer call bells in a timely & courteous manner? Yes No
16. If no, did you share this with the administrative staff? Yes No

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

Comments & Other Observations
39 RESIDENTS/48 CAPACITY
SANITATION: 97.0
3 STARS
STATE WAS INSPECTING AS WELL
RESIDENT WANTED A PRIVACY FOR CHECKERS -- VERY RESPONSIVE

Facility Bright and Welcoming
- Microwaves in Rooms
- Discussed new cubby system with Administrator

Activities List and Dining Room Tables
Church Groups and Dance Groups Participate
Administration - Very Satisfied
Accommodating - Resident Input

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.