## Community Advisory Committee Quarterly/Annual Visitation Report

### Hendersonville Health & Rehab

#### Visit Details
- **Visit Date:** 6.21.18
- **Time Spent in Facility:** 1 hr
- **Arrival Time:** 10:00 am
- **Name of Person Exit Interview was held with:** Lori Garren
- **Time of Exit Interview:** DON
- **Interview was held In-Person**
- **Staff Rep.:** (Name & Title)

#### Committee Members Present:
- Larry Kosowsky, Tom Keating and Barbara Hinson

#### 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 w/ 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

#### Comments & Other Observations
- Sanitation: 96.0
- 115 residents out of 130 State just finished their inspection

### 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

#### Comments & Other Observations
- One hall had a urine smell
- New call bell system has just been approved by state and will be installed soon.

### 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

#### Comments & Other Observations
- Approximately 25 residents in area singing and having birthday cake with a gentleman playing a guitar

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

**No**

---

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.