Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson
Facility Type: 
- [x] Adult Care Home
- [ ] Family Care Home
- [ ] Combination Home
- [ ] Nursing Home
Facility Name: Carillon Assisted Living

Visit Date: June 5, 2019
Time Spent in Facility: 1 hr 30 min
Arrival Time: 11:30 am

Name of Person Exit Interview was held with: 
Interview was held: In-Person

Title: Check Box
Admin.:
SIC (Supervisor in Charge):
Other Staff:
Regional Staff:

Committee Members Present: R. Howard, D. Streb, D. Smith
Report Completed by: D. Smith

Number of Residents who received personal visits from committee members: 12

Resident Rights Information is clearly visible. [✓] Yes [No]
Ombudsman contact information is correct and clearly posted. [✓] Yes [No]

The most recent survey was readily accessible. [No] Yes [No]
Staffing information is posted. [No] Yes [No]

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 clearing their eyeglasses? [No] 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? [No] Yes [✓]

6. Did you observe restraints in use? [✓] Yes [No]

7. If so, did you ask staff about the facility's restraint policies? [No] Yes [No]

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] [✓] Yes [No]

11. Did residents feel their living areas were too noisy? [No] Yes [✓]

12. Does the facility accommodate smokers? [No] Yes [✓]

12a. Where? [ ] Outside only [ ] Inside only [ ] Both inside and 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? [No] Yes [✓]

14a. If no, did you share this with the administrative staff? [No] Yes [✓]

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? [No] Yes [✓]

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [No] Yes [✓]

16a. Can residents access their monthly needs funds at their convenience? [✓] Yes [No]

17. Are residents asked their preferences about meal & snack choices? [No] Yes [✓]

17a. Are they given a choice about where they prefer to dine? [No] Yes [✓]

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? [No] Yes [✓]

20. Does the facility have a Resident's Council? [✓] Yes [No]

One lady said nursing not always responsive quick enough. Didn't help her with understanding her meds.

Laundry room wasn't locked. Computer screen hadn't been shut down.

Only one place to dine. There is an alternate food choice always.