Community Advisory Committee Quarterly/Annual Visitation Report

Henderson

Facility Name: Tore's Family Care #2

Visit Date: 2/28/2019
Time Spent in Facility: 45 min
Arrival Time: 2:00 p.m.

Interview was held in-person. Phone: Admin.

Number of Residents who received personal visits from committee members: 6

Report Completed by: W. Dunn

Resident Rights Information is clearly visible. Yes No

The most recent survey was readily accessible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

Resident Care:

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

Memory Care Unit:

Residents unable to communicate accurately

Residents appear clean, cared for, dressed.

Family visiting one resident.

One resident has cast on arm.

Toileted every 2 hrs per caregiver - food served in dining area - fed if needed.

No community involvement involved.

Facility transport available.

Comments & Other Observations:

Feds on chairs for incontinence.

Facility policy: One staff person (CNA) per unit - total responsibility including cleaning.

Cleaning cart always in view.

Facility appears clean.

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

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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