

1/1

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:				Facility Name:												
	<input checked="" type="checkbox"/>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Just In Time 1												
	Combination Home		Nursing Home														
Visit Date 17-20-17	Time Spent in Facility				hr	15	min	Arrival Time	11	:	1	:	5	:	x	am	pr
Person Exit Interview was held with: Jerri								Interview was held	x	In-Person or Phone (Circle) in person							

	SIC (Supervisor in Charge) Jerri	Other Staff: (Name & Title)	
Committee Members Present: Larry Kosowsky, Tom Keating, Annette Goetz			Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 10 (LP)

The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Ombudsman contact information is correct and clearly posted, updated by <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Staffing information is posted. Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Census – 6 of 6 All Female Impressed with SIC's attention to details. Even though we had introduced ourselves and our affiliation with CAC, she checked my identification.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	Facility very clean. Residents very happy. Residents are ambulatory and move around the campus freely after informing SIC.
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease?	

4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. If no, did you share this with the administrative staff? Yes No

Resident Services **Comments & Other Observations**

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to line? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

Nothing observed

Areas of Concern **Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? **NONE**

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

NONE

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.