### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** ☐ Family Care Home  ☐ Adult Care Home  ☐ Nursing Home  ☐ Combination Home  
**Facility Name:** Cardinal Care

**Visit Date:** 2/20/2018  
**Time Spent in Facility:** hr 50 min  
**Arrival Time:** 10:10 am pm

**Name of Person Exit Interview was held with:** Chris Seaba  
**Interview was held by:** Person  ☐ Phone  ☐ Admin.  ☐ SIC (Supervisor in Charge)  
**Other Staff Rep:** Erin Neckler (Name & Title)

**Committee Members Present:** Kara Neale, Anthony Edwards  
**Report Completed by:** Donna Sheehan

**Number of Residents who received personal visits from committee members:** 8

**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, such as 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

### 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
13. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside
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 about their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☐ No
18. Do residents have the opportunity to have 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 residents 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  
**Family Council?** ☐ Yes ☐ No

### Areas of Concern

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

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*Top Copy* is for the Regional Ombudsman's Record.  *Bottom Copy* is for the CAC's Records.