### Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Resident Name</th>
<th>Facility Type</th>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td></td>
<td>Family Care Home</td>
<td>9.15.17</td>
<td>35 min</td>
<td>Caillieu ALF</td>
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</tbody>
</table>

- **Visit Time:** 9:00 AM - 11:00 AM
- **Arrival Time:** 9:00 AM

**Name of Person:** Karl Reegan
**Other Staff Rep:** Annette Gretez
**Committee Members Present:** Donna Shelton, Buddy Edwards

**Number of Residents who received personal visits from committee members:** 9

**Resident Rights Information is clearly visible:** Yes

**The most recent survey was readily accessible:** Yes

**Resident Profile**

1. Do the residents appear neat, clean and odor free? Yes

2. Did residents say they received assistance with personal care activities, *Ex.: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* Yes

3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes

4. Were residents interacting with staff, other residents & visitors? Yes

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes

6. Did you observe restraints in use? Yes

7. If so, did you ask staff about the facility’s restraint policies? Yes

**Resident Living Accommodations**

8. Did residents describe their living environment as home? Yes

9. Did you notice unpleasant odors in commonly used areas? Yes

10. Did you see items that could cause harm or be hazardous? Yes

11. Did residents feel their living areas were too noisy? Yes

12. Does the facility accommodate smokers? Yes

13. Where? Outside only

14. Were residents able to reach their call bells with ease? Yes

14a. Did staff answer call bells in a timely & courteous manner? Yes

14b. If no, did you share this with the administrative staff? Yes

**Resident Services**

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes

16a. Can residents access their monthly needs funds at their convenience? Yes

17. Are residents asked their preferences about meal & snack choices? Yes

17a. Are they given a choice about where they prefer to dine? Yes

18. Do residents have privacy in making and receiving phone calls? Yes

19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes

20. Does the facility have a Resident’s Council? Yes

**Areas of Concern**

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

**Sanitation** 98.0 / 98.0

**Census:** 44 out of 96

**Recommendation:** Just a great memory care unit.

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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.