# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
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</thead>
</table>
| HENDerson | □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home | CHERRY SPRINGS VILLAGE |

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUGUST 10, 2017</td>
<td>90 min</td>
<td>9:50 AM</td>
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<thead>
<tr>
<th>Name of Person Exit Interview was held with</th>
<th>Other Staff Rep</th>
<th>Interview was held □ In Person □ Phone □ Admin. □ SIC (Superintendent in Charge)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>LARRY KOSOWSKY</em></td>
<td><em>(Name &amp; Title)</em></td>
<td></td>
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<thead>
<tr>
<th>Committee Members Present</th>
<th>Report Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>LARRY KOSOWSKY &amp; TOM KEATING</em></td>
<td><em>TOM KEATING, VOLUNTEER</em></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Number of Residents who received personal visits from committee members:</th>
<th>Ombudsman contact information is correct and clearly posted. □ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>PENDING UPDATE</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible. □ Yes □ No</th>
<th>Staffing information is posted. □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENDING UPDATE</td>
<td></td>
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</tbody>
</table>

## 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, *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 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? □ 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

### Comments & Other Observations

5-2 or 6-0 RESIDENTS  
4 STARS  
PT ASSISTANT WAS WALKING A RESIDENT

## Resident Living Accommodations

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 □ 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  
BACKPACK
14a. Were residents able to reach their call bells with ease? □ Yes □ No
14. Did staff answer call bells in a timely & courteous manner? □ Yes □ No
14a. If no, did you share this with the administrative staff? □ Yes □ No

### Comments & Other Observations

FACILITY WAS NEAT & ORDERLY - NICE DINING ROOM - ALSO AN ACTIVITY ROOM  
CHECKED FIRE EXTINGUISHERS

## Resident Services

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  
DON'T KNOW
17. Are residents asked about meal & snack choices? □ Yes □ No  
POSTED IN DINING ROOM
17a. Are they given a choice about where they prefer to dine? □ Yes □ No  
DON'T KNOW
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  
Family Council? □ Yes □ No

### Comments & Other Observations

INTERVIEWED RESIDENTS SEEMED SATISFIED  
FACILITY WILL HOST ORIENTATION FOR NEW CAC VOLUNTEERS.

DISCUSSED "RUSH TO RUSH" PROGRAM W/ ADMINISTRATION

## Areas of Concern

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

NONE

### Exit Summary

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

NONE

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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.