# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Name:** Henderson’s Assisted Living  
**Visit Date:** August 29, 2017  
**Time Spent in Facility:** 1 hr 05 min  
**Arrival Time:** 9:45 am  

**Name of Person Exfl Interview was held with:** LASWAY, MELO TEMP  
**Interview was held with Person Phone Admin. SIC (Superior in Charge)**  
**Other Staff Rep:** (Name & Title)  

**Committee Members Present:** DAVID KOZALSKY, BARB HUNTON, TOM KEATING  
**Report Completed by:** TOM KEATING  
**Number of Residents who received personal visits from committee members:** 5  
**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, 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

## 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  
12a. Where? Outside only Inside only Both Inside & Outside.  
13. 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

## 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  
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  
Family Council? Yes No

## 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**

## Comments & Other Observations
- **Resident Profile:** 22 of 25 residents 95.5 Sanitation Ratings  
- **Resident Living Accommodations:** Chemical Closet was not locked although staff person was in hall  
- **Resident Services:** Many residents outside on benches - NICE DAY  
- **Areas of Concern:** Many residents with dementia - 4 diabetic residents  
- **Exit Summary:** Limited participation with activities

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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.