## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** □ Family Care Home □ Adult Care Home □ Nursing Home □ Combination Home  
**Facility Name:** Heritage Hill  
**Section Living**

<table>
<thead>
<tr>
<th><strong>Visit Date:</strong> 10-17-18</th>
<th><strong>Time Spent in Facility:</strong> hr: 15 min</th>
<th><strong>Arrival Time:</strong> 11:30 am:00 pm</th>
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**Name of Person Exit Interview was held with:**  
Interview was held □ In-Person □ Phone □ Admin. □ SIC (Supervisor in Charge)  
□ Other Staff Rep  
(Name & Title)

**Committee Members Present:** Anne Smith, Buddy Edwards  
**Report Completed by:**  
Kerry Sheehan

| **Number of Residents who received personal visits from committee members:** 1  
**Resident Rights Information is clearly visible:** □ Yes □ No  
**The most recent survey was readily accessible:** □ 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

### Comments & Other Observations

- **Facility Sanitation:** 98.0%
- Census 19 out of 27
- One resident needed  
  special care. Upon exit  
  it had already been  
  taken care of.

### 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

### Comments & Other Observations

- **Residents gathered in central hall.  
  Memory care family  
  had received**

### Resident Services

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

### Exit Summary

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

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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.