**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Henderson  
**Facility Name:** MoniscaRe  
**Visit Date:** Nov. 15, 2017  
**Time Spent in Facility:** 1 hr 25 min

**Name of Person Exit Interview was held with:** Sandy Morse  
** Arrival Time:** 11:00 AM  
**Interview was held In-Person**  
**Other Staff Rep:** (Name & Title)

**Committee Members Present:**  
- K. Dunn  
- M. Sachs  
- B. Broosy  
- C. Titus

**Number of Residents who received personal visits from committee members:**  
- Resident Rights Information is clearly visible: Yes ☑ No  
- The most recent survey was readily accessible: Yes ☑ No  
- Staffing information is posted: Yes ☑ No  
- Ombudsman contact information is correct and clearly 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, *e.g.* 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

**Resident Living Accommodations**

1. Did residents describe their living environment as home like? Yes ☑ No
2. Did you notice unpleasant odors in commonly used areas? Yes ☑ No
3. Did you see items that could cause harm or be hazardous? Yes ☑ No
4. Did residents feel their living areas were too noisy? Yes ☑ No
5. Does the facility accommodate smokers? Yes ☑ No
6. Where? Outside only ☑ Inside only ☑ Both inside & outside.
7. Were residents able to reach their call bells with ease? Yes ☑ No
8. Did staff answer call bells in a timely & courteous manner? Yes ☑ No
9. If no, did you share this with the administrative staff? Yes ☑ No

**Resident Services**

1. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes ☑ No
2. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes ☑ No
3. Can residents access their monthly needs funds at their convenience? Yes ☑ No
4. Are residents asked their preferences about meals & snack choices? Yes ☑ No
5. Are they given a choice about where they prefer to dine? Yes ☑ No
6. Do residents have privacy in making and receiving phone calls? Yes ☑ No
7. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes ☑ No
8. Does the facility have a Resident's Council? Yes ☑ No
9. Does the facility have a Family Council? Yes ☑ No

**Areas of Concern**

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

**Exit Summary**:

*All residents suitably dressed.*  
*Some lounging in smoking area.*  
*Residents spoke highly of staff. Food rated a plus.*

*Facility has a private home atmosphere in a quiet country setting. Census 6 of 6, men only.*  
*Half private pay, 2 Medicaid.*  
*Have a 3 star rating for 2017.*

**SIC, is a Certified Med Tech, works with DSS on ADL's. Transportation available for offsite services.*

**Owner: Jane Njuno, lives down stairs.**

**Santa Claus wish list: All new linens, especially wash cloths and towels.**

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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.