# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Name:** Universal Health & Rehab  
**Visit Date:** 10/17/2017  
**Time Spent in Facility:** 1 hr 15 min  
**Arrival Time:** 10:15 am  
**Name of Person Exit Interview was held with:** Mildred - Asst. Dir. of Nursing  
**Other Staff Rep. (Name & Title):**  
**Committee Members Present:** Donna Sheline, Buddy Edwards, Annette Goetz  
**Number of Residents who received personal visits from committee members:** 10  
**Resident Rights Information is clearly visible:** ☑ Yes ☐ No  
**The most recent survey was readily accessible:** ☑ Yes ☐ No  
**Staffing information is posted:** ☑ Yes ☐ No  
**Census - 76 / 90**  
**Sanitation - Facility 98.0**  
**Dietary 98.0**  
**Nothing observed**

## 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 home like? ☑ Yes ☐ No  
9. Did you notice unpleasant odors in common areas or rooms? ☑ 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

- Call bells were wrapped around bed rails or were in the floor

## Exit Summary

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

All areas of concern were discussed with the Asst. DON

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