## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:**  
- Family Care Home  
- Adult Care Home  
- Nursing Home  
- Combination Home  
**Universal Health Care**  

**Visit Date:** 07/13/2017  
**Time Spent in Facility:** 1 hr  
**Arrival Time:** 8:50  
**Name of Person Exit Interview was held with:** Sue Robinson  
**Other Staff Rep.:** Kay S. DON  
**Committee Members Present:** D. Sheline, A. Goetz, D. Hester  
**Report Completed by:** C. Buddy Edwards

### Number of Residents who received personal visits from committee members: 14 plus

- Resident Rights Information is clearly visible. Yes  
- The most recent survey was readily accessible. Yes  
- Ombudsman contact information is correct and clearly posted. Yes  
- Staffing information is posted. Yes

### Resident Profile

1. Do the residents appear neat, clean and odor free? Yes  
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  
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes  
4. Were residents interacting w/ staff, other residents & visitors? Yes  
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes  
6. Did you observe restraints in use? Yes  
7. If so, did you ask staff about the facility’s restraint policies? Yes

### Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes  
9. Did you notice unpleasant odors in commonly used areas? Yes  
10. Did you see items that could cause harm or be hazardous? Yes  
11. Did residents feel their living areas were too noisy? Yes  
12. Does the facility accommodate smokers? Yes  
12a. Where? Outside only  
13. Were residents able to reach their call bells with ease? Yes  
14. Did staff answer call bells in a timely & courteous manner? Yes  
14a. If no, did you share this with the administrative staff? Yes

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes  
16a. Can residents access their monthly needs funds at their convenience? Yes  
17. Are residents asked their preferences about meal & snack choices? Yes  
17a. Are they given a choice about where they prefer to dine? Yes  
18. Do residents have privacy in making and receiving phone calls? Yes  
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes  
20. Does the facility have a Resident’s Council? Yes

### Areas of Concern

- O2 mask not begged or on bed
- Display of b&W prints of historical buildings in the area

### Comments & Other Observations

- Census 90% / 88%
- Sanitation 98%

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**Exit Summary**

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

**DHHS DOA-022/2004**

- 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.