# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** - Family Care Home  
- Adult Care Home  
- Nursing Home  
- Combination Home  
**Facility Name:** Segaric at Heritage Hill

| Date: 10/16/18 | Time Spent in Facility: 30 min | Arrival Time: 10:20 | Time Spent in Facility: 30 min | Interview was held at: Person: [Name of Person] Phone: [Phone Number]  
Admin.  
SIC (Supervisor in Charge)

| Committee Members Present: [Name and Title]  
| [Name and Title]  
| [Name and Title] |

| Number of Residents who received personal visits from committee members: [Yes/No]  
| Ombudsman contact information is clearly visible: [Yes/No]  
| The most recent survey was readily accessible: [Yes/No]  
| Ombudsman contact information is clearly visible: [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 with staff, other residents & visitors?** [Yes/No]
5. **Did staff respond to 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]
13. **Where?** [Outside Only]  
   [Inside Only]  
   [Both Inside & Outside]
14. **Were residents able to reach their call bells with ease?** [Yes/No]
15. **Did staff answer call bells in a timely & courteous manner?** [Yes/No]
16. **If no, did you share this with the administrative staff?** [Yes/No]

## Resident Services

17. **Were residents asked their preferences or opinions about the activities planned for them at the facility?** [Yes/No]
18. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** [Yes/No]
19. **Can residents access their monthly needs funds at their convenience?** [Yes/No]
20. **Are residents asked their preferences about meal & snack choices?** [Yes/No]
21. **Are they given a choice about where they prefer to dine?** [Yes/No]
22. **Do residents have privacy in making and receiving phone calls?** [Yes/No]
23. **Is there evidence of community involvement from other civic, volunteer or religious groups?** [Yes/No]
24. **Does the facility have a Resident's Council?** [Yes/No]
25. **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?

**Comments & Other Observations**

- **Sanitation:** Facility is clean.
- **Residential:** Residents are being taken to a restaurant for lunch.

**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.