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

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type - □ Family Care Home □ Adult Care Home □ Nursing Home □ Combination Home</th>
<th>Facility Name</th>
<th>Brian Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>3.20.18</th>
<th>Time Spent in Facility</th>
<th>1 hr 15 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>Cookie Rogers</td>
<td>Interview was held</td>
<td>In-Person</td>
</tr>
<tr>
<td>Other Staff Rep</td>
<td>(Name &amp; Title)</td>
<td></td>
<td>Phone, Admin.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Members Present:</th>
<th>Audrey, Heather, Buddy, Edward, Donna, Steven</th>
<th>Report Completed by:</th>
<th>Donna Steen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Residents who received personal visits from committee members:</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Rights Information is clearly readable. □ Yes □ No</td>
<td>The most recent survey was readily accessible. □ Yes □ No</td>
<td>Ombudsman contact information is correct and clearly posted. □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>(Required for Nursing Homes Only)</td>
<td></td>
<td>Staffing information is posted. □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

### 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

- **Sanitation:** 97.5
- **Kitchen:** 98.0
- **Census:** 97
- **Very clean facility**

### 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

- **Some Resident Issues of Resident Council Suggested Activity Die Informal Round of time & Place**
- **Facility has a “Peaks for Weeks” to aid in recruitment of staff**
- **Food Committee & Family Council**

### 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

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

### Exit Summary

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

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.*