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

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td>☐ Family Care Home</td>
<td>Cherry Springs</td>
</tr>
<tr>
<td></td>
<td>☐ Adult Care Home</td>
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<td></td>
<td>☐ Nursing Home</td>
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<td></td>
<td>☐ Combination Home</td>
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</tbody>
</table>

**Visit Date:** 4/26/18  
**Time Spent in Facility:** 1 hr 10 min  
**Arrival Time:** 12:00 p.m.  
**Other Staff Rep:**  

- **Name:** LARRY KOSOWSKI  
- **Title:** BARE BAXON  
- **SIC (Supervisor in Charge):**  

**Committee Members Present:**  

- LARRY KOSOWSKI  
- BARE BAXON  
- TOM KINGSTON  

**Report Completed by:**  

- TOM KINGSTON, VOLUNTEER  

**Number of Residents who received personal visits from committee members:** 7  
**Ombudsman contact information is correct and clearly posted:** Yes  
**Staffing information is posted:** Yes  
**Resident Rights Information is clearly visible:** Yes  
**Resident Rights Information is clearly visible:** Yes  

### 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 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 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 ☐  

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>None</td>
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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.