# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** Fletcher View Inn

**Visit Date:** 4-17-19  
**Time Spent in Facility:** 30 min

**Name of Person Exit Interview was held with:**  
**Other Staff Rep:**

**Visa**  
**Interview was held:** In-Person  
**Report Completed by:** Darlene Hester

**Committee Members Present:**  
*Annette Coetz, Donna Shelton, Buddy Edwards*

**Number of Residents who received personal visits from committee members:**

**Staffing information is posted:** Yes  
**Report Completed by:**

**Comments & Other Observations**

**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 with 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? Yes  
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

**Comments & Other Observations**

**Resident Services**

15. Were residents asked about 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 about 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**

**Comments & Other Observations**

**Are there resident issues or topics that need follow-up or review at a later time or during the next visit?** 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.