Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
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<tbody>
<tr>
<td>Henderson</td>
<td>Family Care Home</td>
<td>McCullough's Best Home</td>
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<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
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<tbody>
<tr>
<td>1-15-12</td>
<td>30 min</td>
<td>2:40 PM</td>
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Name of Person Exit Interview was held with: See Best Man
Interview was held: In-Person ☐ Phone ☑ Admin. ☐ OIC (Supervisor in Charge) |
Other Staff: (Name & Title) |

Committee Members Present: Bernie Brown, Kitty Dunn, Carol Allison
Report Completed by: Bernie Brown

Number of Residents who received personal visits from committee members: 1

Resident Rights Information is clearly visible. ☑ Yes ☐ No
The most recent survey was readily accessible. ☑ Yes ☐ No
(Required for Nursing Homes Only)

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 received 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 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

1. Did residents describe their living environment as home like? ☑ Yes ☐ No
2. Did you notice unpleasant odors in commonly used areas? ☑ Yes ☐ No
3. Did you see items that could cause harm or be hazardous? ☑ Yes ☐ No
4. Did residents feel their living areas were too noisy? ☑ Yes ☐ No
5. Does the facility accommodate smokers? ☑ Yes ☐ No
6a. Outside only ☑ Inside only ☐ Both Inside & Outside
7. Were residents able to reach their call bells with ease? ☑ Yes ☐ No
8. Did staff answer call bells in a timely & courteous manner? ☑ Yes ☐ No
9a. If no, did you share this with the administrative staff? ☑ Yes ☐ No

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No
7a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No
8a. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No

Lunch/meals were passed and residents were pleased with food and living conditions. All-12 units occupied

Areas of Concern

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

Exit Summary

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.