## Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type: Family Care Home ☐</th>
<th>Adult Care Home ☐</th>
<th>Nursing Home ☐</th>
<th>Combination Home ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td></td>
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<table>
<thead>
<tr>
<th>Visit Date</th>
<th>4.11.18</th>
<th>Time Spent in Facility</th>
<th>30 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>Todd Haas</td>
<td>Interview was held In-Person</td>
<td>Phone Admin.</td>
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<tr>
<th>Other Staff Rep</th>
<th>(Name &amp; Title)</th>
<th>Mt. View</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Committee Members Present:</th>
<th>Larry Kosowsky and Barbara Hinson</th>
<th>Report Completed by:</th>
<th>Barbara Hinson</th>
</tr>
</thead>
</table>

| Number of Residents who received personal visits from committee members: | 6 |

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ombudsman contact information is correct and clearly posted.</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Staffing Information is posted.</td>
<td>☐ Yes ☐ No</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

Staff was playing Catch Ball with 3 Residents.

### 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. Did you observe smokers? ☐ Yes ☐ No
13. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside.
14. Did residents observe 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

### Comments & Other Observations

Residents were having their snacks. Said good job was good.

### 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 residents 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

### Comments & Other Observations

They do not take, residents out. It's facility but families come and take them out.

### 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

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.

DHHS DOA-022/2004