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

**County:** Henderson  
**Facility Type:**  
- Adult Care Home  
- Nursing Home  
- Combination Home  
**Facility Name:** Love's Family Care #22

**Visit Date:** 4/16/18  
**Time Spent in Facility:** 30 hr 30 min  
**Arrival Time:** 11:30 AM  
**Report Completed By:**  
- **Committee Members Present:**  
  - Carol Allison  
  - Bernie Brodsky  
  - K. Doer  
  - Kathleen Penn

**Number of Residents who received personal visits from committee members:** 2

**Resident Rights Information is clearly visible.** Yes □ No □

**The most recent survey was readily accessible.** Yes □ No □

**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 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 □

### 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?** Yes □ No □
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 □

### 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 □
20a. **Family Council?** Yes □ No □

### Areas of Concern

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

**None at this time**

### Exit Summary

**Locked unit.**
**Residents more active, able to communicate well, although also confused.**
**Doors of rooms closed-told several residents unwell. One declined visits by MTAA. Spoke to smiled, appeared satisfied.**

**Comments & Other Observations:**

- Large, connecting rooms:
- Quiet areas, appears clean:
- Some rooms rather bear bare; one room available:
- 3 males 3 men

**Comments & Other Observations:**

- Residents take out by staff for activities or Dec.: <p>Apples via car or van:
- Small kitchen, food brought in, also kept warm in kit:
- Most resident eat in rooms:

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.