## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home  
**Facility Name:** Universal H & R

**Visit Date:** 4-17-18  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 8:45 am

Name of Person Exit Interview was held with: Sue Robinson  
(The Name & Title: Interview was held In Person Phone Admin. SIC (Supervisor in Charge))

**Committee Members Present:**  
Sarah Hughes, Donna Martin, Dona Hicks

**Number of Residents who received personal visits from committee members:** 16

- Resident Rights Information is clearly visible. [Yes] [No]
- The most recent survey was readily accessible. [Yes] [No]
- The staff member was informed of your visit in advance. [Yes] [No]
- Ombudsman contact information is correct and clearly posted. [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, e.g., 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

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]
13. Where? [Outside only] [Inside only] [Both Inside & Outside]
14. Did staff answer call bells in a timely & courteous manner? [Yes] [No]
15. If not, did you share this with the administrative staff? [Yes] [No]

### Resident Services

16. Were residents asked their preferences or opinions about the activities planned for them at the facility? [Yes] [No]
17. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [Yes] [No]
18. Can residents access their monthly needs funds at their convenience? [Yes] [No]
19. Are residents asked their preferences about meal & snack choices? [Yes] [No]
20. Are they given a choice about where they prefer to dine? [Yes] [No]
21. Do residents have privacy in making and receiving phone calls? [Yes] [No]
22. Is there evidence of community involvement from other civic, volunteer or religious groups? [Yes] [No]
23. Does the facility have a Resident's Council? [Yes] [No]
24. 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?**

**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.