### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** The Gardens of Hendersonville

**Visit Date:** 11-30-19  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 11:30 am

**Name of Person Exit Interview was held with:** Stephanie Brown  
**Interview was held with:** In-Person  
**Phone:** Admin.  
**Position:** Supervisor in Charge

**Committee Members Present:**  
- Madeline Christine  
- Sherry Reid  
- Domena Sheve

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

**resident Rights Information is clearly visible:** Yes  
**The most recent survey was readily accessible:** Yes  
**Staffing information is posted:** Yes

### 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, including 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. Were residents able to reach their call bells with ease?  
    - Yes ☑ No  

15. Did staff answer call bells in a timely and courteous manner?  
    - Yes ☑ No  

16. If no, did you share this with the administrative staff?  
    - Yes ☑ No

### 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 they 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  

- 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 change observed during the visit.

**Unsecured switches:**  
**Dangerous Hazard:**  
**Sign on wall saying "only"**  
**Screws out of bed rail:**

---

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