# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home  
**Facility Name:** Cherry Springs

**Visit Date:** July 26, 2018  
**Time Spent in Facility:** 1 hr 20 min  
**Arrival Time:** 10:00 AM

**Name of Person Exit Interview was held with:**  
**(Name & Title):**

**Committee Members Present:**  
Larry Kosowki, Barb Hudson, Tom Kesting

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

- Resident Rights Information is clearly visible.  
- The most recent survey was readily accessible.  
- (Required for Nursing Homes Only)

## Resident Profile

1. Do the residents appear neat, clean and odor free?  
2. Did residents say they receive assistance with personal care activities.  
   - Ex: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  
3. Did you see or hear residents being encouraged to participate in their care by staff members?  
4. Were residents interacting with staff, other residents & visitors?  
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
6. Did you observe restraints in use?  
7. If so, did you ask staff about the facility’s restraint policies?

## Resident Living Accommodations

8. Did residents describe their living environment as home like?  
9. Did you notice unpleasant odors in commonly used areas?  
10. Did you see items that could cause harm or be hazardous?  
11. Did residents feel their living areas were too noisy?  
12. Does the facility accommodate smokers?  
13. Where located?  
   - Outside only  
   - Inside only  
   - Both Inside & Outside.  
14. Were residents able to reach their call bells with ease?  
15. Did staff answer call bells in a timely & courteous manner?

**Comments & Other Observations**

- 58 Residents/60 Capacity  
- 97.0 1/4 Stars  
- Residents Gathered in Lobby Talking  
- Welcoming Pictures & Floral Arrangements

## Resident Services

15. Were residents asked their preference or opinions about the activities planned for them at the facility?  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
16a. Can residents access their monthly needs funds at their convenience?  
17. Are residents asked their preferences about meal & snack choices?  
   - Alternates Provided  
17a. Are they given a choice about where they prefer to dine?  
18. Do residents have privacy in making and receiving phone calls?  
19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
20. Does the facility have a Resident’s Council?  
   - Family Council

**Comments & Other Observations**

- Many Activities Posted for Today (Bible, Shopping, Nails Done)  
- Comprehensive Activities Posted for Residents in Each Room

## Areas of Concern

- Resident Relations  
- Hotline in Place  
- Overall Clean & Orderly

**Exit Summary**

- Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

**Call Bell Response & Resident Room Full of Belongings & Boxes**

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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.