Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson  
Facility Type: ☐ Family Care Home  
☐ Adult Care Home  ☐ Nursing Home  
☐ Combination Home  
Facility Name: Cardinal Care

Visit Date: 2.21.17  
Time Spent in Facility: hr min  
Arrival Time: 9:00 am

Name of Person Exit Interview was held with: ☐ Interview was held ☐ In-Person  
☐ Phone  ☐ Admin.  ☐ Other Staff Rep (Name & Title)  
☐ Ombudsman Contact Information is correct and clearly posted ☐ Yes ☐ No

Committee Members Present:  
Report Completed by: Donna Smith

Number of Residents who received personal visits from committee members:  
Resident Rights Information is clearly visible: ☐ Yes ☐ No

The most recent survey was readily accessible: ☐ Yes ☐ No

(Required for Nursing Homes Only)

Resident Profile  
Comments & Other Observations

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  
Comments & Other Observations

1. Did residents describe their living environment as home-like? ☐ Yes ☐ No
2. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☐ No
3. Did residents feel their living areas were too noisy? ☐ Yes ☐ No
4. Does the facility accommodate smokers? ☐ Yes ☐ No
5a. Where? ☐ Outside only ☐ Inside only ☐ Both inside & outside.
6. Were residents able to reach their call bells with ease? ☐ Yes ☐ No
7. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No
8. If no, did you share this with the administrative staff? ☐ Yes ☐ No

Resident Services  
Comments & Other Observations

9. Did residents asked their preferences or opinions about the activities
   planned for them at the facility? ☐ Yes ☐ No
10. Do residents have the opportunity to purchase personal items of their
    choice using their monthly needs funds? ☐ Yes ☐ No
11a. Can residents access their monthly needs funds at their convenience?
     ☐ Yes ☐ No
12. Are residents asked their preferences about meal & snack choices?
    ☐ Yes ☐ No
13. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No
14. Do residents have privacy in making and receiving phone calls?
    ☐ Yes ☐ No
15. Is there evidence of community involvement from other civic, volunteer or
    religious groups? ☐ Yes ☐ No
16. Does the facility have a Resident's Council? ☐ Yes ☐ No
17a. Family Council? ☐ Yes ☐ No

Areas of Concern  
Comments & Other Observations

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.

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.