## Community Advisory Committee Quarterly/Annual Visitation Report

### Facility Information
- **County:** Henderson
- **Facility Type:** Assisted Living
- **Facility Name:** Spring Abode

### Visit Details
- **Visit Date:** 2/17
- **Time Spent in Facility:** 45 min
- **Arrival Time:** 9:30 am

### Person Exit Interview
- Interview was held with: □ Administrator □ SIC (Supervisor in Charge) □ Other Staff: (Name & Title) □ Res. Care Coord. □ In-Person (Circle)

### Committee Members Present:
- Donna Shelley
- Barbara Hinson
- Report Completed by: Barbara Hinson

### Resident Rights Information
- [ ] Resident Rights Information are clearly visible.
- [X] Ombudsman contact information is correct and clearly posted.
- [□] Needs update
- [X] The most recent survey was readily accessible. (Required for Nursing Homes Only)
- [□] Staffing information is posted.

### Resident Profile
1. Do the residents appear neat, clean and odor free? [X] 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 [X] No
3. Did you see or hear residents being encouraged to participate in their care by staff members? [□] Yes [X] No
4. Were residents interacting w/ staff, other residents & visitors? [□] Yes [X] No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [□] Yes [X] No
6. Did you observe restraints in use? [□] Yes [X] No
7. If so, did you ask staff about the facility's restraint policies? [□] Yes [X] No

### Resident Living Accommodations
8. Did residents describe their living environment as homelike? [□] Yes [X] No
9. Did you notice unpleasant odors in commonly used areas? [□] Yes [X] No
10. Did you see items that could cause harm or be hazardous? [□] Yes [X] No
11. Did residents feel their living areas were too noisy? [□] Yes [X] No
12. Does the facility accommodate smokers? [□] Yes [X] No
13. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.
14. Were residents able to reach their call bells with ease? [□] Yes [X] No
14a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.
15. Did staff answer call bells in a timely & courteous manner? [□] Yes [X] No
15a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

### Resident Services
- Comments & Other Observations:
  - Music playing - Similar activities appropriate
  - They were having a Valentine's banquet family night with music. Flower that was there a resident were helping residents forward to it. Station Night
  - You resident need bell to be moved closer.