## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  

**Facility Name:** Spring Arbor West

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/19/17</td>
<td>1 hr 15 min</td>
<td>10:15 am</td>
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**Person Exit Interview was held with:** Gayle

**Interview with: Administrator [ ]  
SIC (Supervisor In Charge) [ ]  
Other Staff: (Name & Title) [X]**

**Number of Residents who received personal visits from committee members:**
- Resident Rights information are clearly visible: [X] Yes [ ] No
- Ombudsman contact information is correct and clearly posted: [X] Yes [ ] No
- The most recent survey was readily accessible: [X] Yes [ ] No

**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? [X] Yes [ ] No
3. Did you see or hear residents being encouraged to participate in their care by staff members? [X] Yes [ ] No
4. Were residents interacting with staff, other residents & visitors? [X] Yes [ ] No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [X] Yes [ ] No
6. Did you observe restraints in use? [X] Yes [ ] No
7. If so, did you ask staff about the facility's restraint policies? [X] Yes [ ] No

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

**Resident Services**
15. Were residents asked their preferences or opinions about

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**Comments & Other Observations**

- Residents' Happy.  
- Flowers club was there decorating with flowers (making arrangements)  
- Residents were helping & having a good time  
- Getting ready for Valentine Day party

- Very clean & neat.
Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located.
2. Date: Self-explanatory annual visit.
3. Facility: List the name of the facility and the type of facility (i.e., nursing, adult care, or combination home).
4. Committee member present: List the names of members who participated in the official quarterly or annual visit.
5. Report completed by: Include name(s) and date of report.
6. Overview of residents' status: Explained on form.
7. Physical condition: Explained on form.
8. Services / Activities: Explained on form.
11. Summary of Administrator's or SIC's comments: Explained on form.
12. Copies: Submit the original copy to the Regional Ombudsman.