### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson

**Visit Date:** May 11, 2017

**Name of Person Interviewed:** Randy Pratt, Admin.

**Number of Residents who received personal visit from committee members:** 0

**Facility Name:** Country Meadows Family Care Home

**Report Completed by:** Tom Keating

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### Resident Profile

1. Do the residents appear neat, clean and odor free? □ Yes □ No
2. Did residents say they received 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 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

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### Residents 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 are the outside areas? □ Inside only □ Outside 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 & courteous manner? □ Yes □ No
16. If no, did you share this with the administrative staff? □ Yes □ No

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### 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
25. Family Council? □ Yes □ No

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### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

**NONE**

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**Exit Summary**: Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.

**NONE**

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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.