# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** Fletcher View Inn  
**Visit Date:** May 29, 2019  
**Time Spent in Facility:** 1 hr 00 min  
**Interview was held:** In-Person  
**Time of Visit:** 2:00 PM  
**Other Staff Present:** David Strong  
**Report Completed by:** Cal Titus

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<tr>
<th>Resident Rights Information</th>
<th>Ombudsman Contact Information</th>
<th>Staffing Information</th>
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<td>Yes</td>
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### Resident Profile

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

### Resident Living Accommodations

- Did residents describe their living environment as homelike? **Yes**  
- Did you notice unpleasant odors in commonly used areas? **No**  
- Did you see items that could cause harm or be hazardous? **Yes**  
- Did residents feel their living areas were too noisy? **Yes**  
- Did the facility accommodate smokers? **Yes**  
- Was outside only **Yes**  
- Where? **Outside only**  
- Were residents able to reach their call bells with ease? **Yes**  
- If no, did you share this with the administrative staff? **Yes**

### Resident Services

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

### Areas of Concern

- There were no 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.

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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.*