## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** Kay's

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
<th>Name of Person Exit Interview</th>
<th>Interview Held By</th>
<th>Other Staff Rep (Name &amp; Title)</th>
<th>Committee Members Present</th>
<th>Report Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/21/2017</td>
<td>30 hr</td>
<td>9:12 AM</td>
<td>Tom &amp; Denise</td>
<td>In-Person</td>
<td>C A Buddy Edwards</td>
<td>Donna, Dariene, Annette</td>
<td></td>
</tr>
</tbody>
</table>

### Number of Residents who received personal visits from committee members:
- 3

### Resident Rights Information is clearly visible.
- Yes [ ] No [ ]

The most recent survey was readily accessible.
- Yes [ ] No [ ]

(Required for Nursing Homes Only)

### Resident Profile

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 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 [ ]

### Resident 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 [ ]
12a. Where? Outside only [ ] Inside only [ ] Both Inside & Outside [ ]
13. Were residents able to reach their call bells with ease? Yes [ ] No [ ]
14. Did staff answer call bells in a timely & courteous manner? Yes [ ] No [ ]
14a. If no, did you share this with the administrative staff? Yes [ ] No [ ]

### Resident Services

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

### Areas of Concern

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.

- No complaints.. ;

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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.

DHHS DOA-022/2004