### Community Advisory Committee Quarterly/Annual Visitation Report

**County**: Henderson  
**Facility Type** - ☐ Family Care Home  
☐ Adult Care Home  
☐ Nursing Home  
☐ Combination Home  
**Facility Name**: LIFE CARE CENTER

**Visit Date**: 2 - 31 - 17  
**Time Spent in Facility**: hr: ___ min  
**Interview was held** ☐ In-Person  
☐ Phone  
☐ Admin  
☐ SIC (Supervisor in Charge)

**Other Staff Rep**  
_{Name & Title}_  
**Report Completed by**: DONNA SHELVIN, ANNETTE GOETZ, BUDDY EDWARDS, DARLING HESTER

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

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**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 w/ 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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**Comments & Other Observations**

Good care.

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**Resident Living Accommodations**

8. Did residents describe their living environment as home-like? ☐ 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

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**Comments & Other Observations**

Room 208 was vacant, but had urine smell due to cracks around stool in flooring. Have plans to replace bathroom floors, carpeting, etc. soon.  
Exit door blocked by cleaning cart + vacuum machine.

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**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  
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?

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**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._

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