### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Combination Home  
**Facility Name:** Pacifica Heritage Hills-Pacifica

**Visit Date:** June 13, 2017  
**Time Spent in Facility:** 30 min

**Name of Person Exit Interview was held with:**  
**Interview was held:** In-Person  
**Arrival Time:** 10:00 AM

**Other Staff Rep:** (Name & Title)  
**Report Completed by:** Darlene Hester

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

- Resident Rights Information is clearly visible. □ Yes □ No
- The most recent survey was readily accessible. □ Yes □ No
- Staffing information is posted. □ Yes □ No
- Ombudsman contact information is correct and clearly posted. □ Yes □ No

#### 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, *e.g.,* 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

#### Comments & Other Observations

- **Census:** 23  
- **Max:** 24  
- **Visited with 5 people**

#### 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

#### Comments & Other Observations

- **Photo's & Names of all Management Team, CNA's & Med Techs.**

#### 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

#### Comments & Other Observations

- **Family Council? □ Yes □ No**

#### Areas of Concern

- Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
- Residents visited with **seemed satisfied with staff, facility and food.**

---

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