# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type:</th>
<th>Facility Name</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
<th>Report Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td>Family Care Home</td>
<td>Tote's Home (2-units)</td>
<td>1 hr 30 min</td>
<td>1</td>
<td>11:15 am</td>
</tr>
</tbody>
</table>

**Time of Person Exit Interview:** 1:15 PM

**Interview Footing:**
- View was held at
- Phone: 0
- Admin. Officer: 0
- Site (Supervisor in Charge): 0

**Other Staff Present:**

**Name & Title:** Carver Mathis

**Committee Members Present:**

**Name & Title:** Calvin T. Johnson

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

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

The most recent survey was readily accessible. | Yes | No |

**Staffing information is posted:**

| Yes | No |

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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 glasses*? | 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 |

### 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. Did 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 |

### 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.

*Facilities new and open to mainly changes*

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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.