# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** ☐ Family Care Home  
☐ Adult Care Home  
☐ Nursing Home  
☐ Combination Home  
**Facility Name:** Torre's - Alzheimer's Unit  
**Visit Date:** Feb. 3, 2019  
**Time Spent in Facility:** 1 hr 00 min  
**Arrival Time:** 1:00 pm  
**Name of Person Exit Interview was held with:**  
**Interview was held by:** I-Person  
**Phone:** ☐ Admin.  
**SIC (Supervisor in Charge):** ☐  
**Other Staff Rep:** ☐  
**Committee Members Present:** B. Brody, C. Titus, H. Sachs, S. Shami, S. Steck  
**Report Completed by:** Calvin Titus  
**Number of Residents who received personal visits from committee members:**  
**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, such as bathing, dressing, etc.? ☐ 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 each other, 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  
13. Where? ☐ Inside only ☐ Outside only ☐ Both inside & outside  
14. Were residents able to reach their call bells with ease? ☐ Yes ☐ No  
15. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No  
16. If no, did you share this with the administrative staff? ☐ Yes ☐ No  

## Resident Services

17. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☐ No  
18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No  
19. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No  
20. Are residents asked their preferences about meal & snack choices? ☐ Yes ☐ No  
21. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No  
22. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No  
23. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☐ No  
24. Does the facility have a Resident's Council? ☐ Yes ☐ No  
25. 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.  
**Staff:** Laura Moore, CNA  
Jessie Brown, Personal Care Aide  

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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.