# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Name:** Universal Health & Rehab

**Visit Date:** 7/17/18  
**Time Spent in Facility:** 1 hr 15 min  
**Arrival Time:** 9:00 am  
**Other Staff Rep:** SuSan Solomon  
**Interview was held:** In Person  
**Phone:**  
**Admin.:**  
**SIC (Supervisor in Charge):**

**Committee Members Present:**  

**Number of Residents who received personal visits from committee members:** 10

**Resident Rights Information is clearly visible:** ☑ Yes ☐ No

**The most recent survey was readily accessible:** ☑ Yes ☐ No

**Staffing information is 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, *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

## Comments & Other Observations

Facility Sanitation: 97.5 Kitchen: 98.0

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## 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

Observed short response to answering call light. Emergency call light took 20 min & answered. Resident called out for help Call button not within reach.

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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

## 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.