# Community Advisory Committee Quarterly/Annual Visitation Report

**Location:** Henderson

**Facility Type:**
- [ ] Adult Care Home
- [ ] Family Care Home
- [X] Combination Home
- Nursing Home

**Facility Name:** Torres Home C2

**Visit Date:** 2-29-19

**Time Spent in Facility:**
- [ ] hr
- [ ] min

**Name of Person Exit Interview was held with:** Katrina Newton

**Interview was held:** In-Person

**Phone:** 828-697-7522

**Committee Members Present:**
- Ron Howard
- Jack R. Poultney
- Michelle Brouwer
- Kitty Dunn

**Report Completed by:** Ron Howard

**Number of Residents who received personal visits from committee members:** 4

**Resident Rights Information is clearly visible.**
- [ ] Yes
- [ ] No

**Ombudsman contact information is correct and clearly posted.**
- [ ] 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 received 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 policy?

### 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 and 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?

### 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?