

### Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Caillon ALF</i>
Visit Date <i>8.15.17</i>	Time Spent in Facility hr <i>35</i> min	Arrival Time <i>9:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Kari Keegan</i> <small>(Name &amp; Title)</small>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC(Supervisor In Charge)
Committee Members Present: <i>Donna Sheline, Buddy Edwards</i>		Report Completed by: <i>Donna Sheline</i>
Number of Residents who received personal visits from committee members: <i>9</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Resident Profile**

- Do the residents appear neat, clean and odor free? Yes No
- 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
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

**Comments & Other Observations**

*Sanitation 98.0 / 98.0*  
*Census 44 out of 96*  
*Excellent review -*  
*& concerns*  
*Recommended, just*  
*Press Play Program for their*  
*memory Care Unit*

**Resident Living Accommodations**

- Did residents describe their living environment as home-like? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- Where?  Outside only  Inside only  Both Inside & Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

**Comments & Other Observations**

**Resident Services**

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the facility have a Resident's Council? Yes No  
Family Council? Yes No

**Comments & Other Observations**

**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.