





County Henderson	Facility Type: Adult Care H Combination	☐ Family Care Home ome ☐ Nursing Home Home	Facility Name Cherry Springs
Visit date 10-25-18	Time Spent in F	acility	Arrival Time
Larry Kosowsky, Barbara Hinson, Ch Number of Residents who red Resident Rights Information is Ves No The most recent survey was read Yes No (Required for Nursing Homes)	in Liphone (2) Sandra Rogarie McCurdy, Sue we eived personal visclearly visible.	Admin ロSIC (Supervise がないとこ Varden, Lynn Herget, sits from committee me	ctor (Name & Title) or in Charge)
Resident Profi	le 💮	Comments a	ind Other Observations
 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 		-Facility has a 4 star -Residents were bus involved in Bible stud happy. -Activities calendar w -The Ombudsman induces the information Committee	rating and 98 sanitation rating by moving around, visiting or dy. All seemed well groomed and was visible formation needs updating and so about the Community Advisory light now they have residents, n.

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Community Advisory Committee Quarterly/Annual Visitation Report

Resident Living Accommodations	Comments and Other Observations
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 ☐ Inside only ☐ Both Inside & Outside.	
13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner? 15. Yes □ No 16. No 16. No 16. No 17. No 18. If no, did you share this with the administrative staff? □ Yes □ No 18. Residential Services	No call bells were used while visiting
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	The menu was posted but could be in a more convenient location for residents to read and in a bigger font.

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Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.