

Sanitation: 45.5 courtesy  
95.0

Community Advisory Committee Quarterly/Annual Visitation Report 21 residents Not  
27 - can have.

County: Henderson

Facility Type:  Adult Care Home  Family Care Home  
 Combination Home  Nursing Home

Facility Name: Henderson Aost Living

Visit Date: 4/20/17 Time Spent in Facility: 1 hr 00 min Arrival Time: 10 : 00  am  pm

Person Exit Interview was held with: Scott Crummie Interview was held with: 2 ladies on porch  In-Person or Phone (Circle)

Interview with  Administrator  O/R  SIC (Supervisor in Charge) Shay  Other Staff: (Name & Title)

Committee Members Present: Larry Kowalsky | Barbara Hanson Report Completed by: Barbara Hanson

Number of Residents who received personal visits from committee members: 2

Resident Rights Information are clearly visible.  Y  N Ombudsman contact information is correct and clearly posted.  Yes  No updated information

The most recent survey was readily accessible. (Required for Nursing Homes Only)  Y  N Staffing information is posted.  Yes  No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Everyone appeared to have clean clothes &amp; looked good. Some were sitting outside enjoying the sun.</u>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>This facility was much improved since last visit. Looked good. Bathroom clean. was a school bell by bed. Did not see call wired bell</u>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about	

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman

**Instructions For Completing  
Community Advisory Committee Quarterly / Annual Visit Worksheet**

Exit Summary		Areas of Concern	
Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.		Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	
<p><i>Rooming room looked good. Great and great project was new floor on dining room.</i></p> <p><i>Was meeting this afternoon</i></p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	17. Are residents asked their preferences about meal & snack choices?
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	17a. Are they given a choice about where they prefer to dine?
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	18. Do residents have privacy in making and receiving phone calls?
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	19. Is there evidence of community involvement from other civic, volunteer or religious groups?
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	20. Does the Facility have a Resident's Council?