Commi	unity Advisory Committee Quarte	erly/Ann	ual Visitation Report	
County	Facility Type - 🖂 Family Care Home	Facility Name		
Henderson	☐ Adult Care Home ☑ Nursing Home		Pacifica Heritage HIIIs	
Visit Date 01/17/2017	Combination Home Time Spent in Facility hr 35 min	Arrivat Ti		
Name of Person Exit Interview was held with DOther Staff Rep		erview was h	me 10 si : 25	
Committee Members Present:			Roport Convoleted to	
	Donna, Darlene, Annette		Report Completed by: C A Buddy Edwards	
Number of Residents who received persona	Il visits from committee members: 4 plus	3	g g	
Resident Rights Information is clearly visible. ☑Yes ☐ No		Ombudsr	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		
(Required for Nursing Homes Only)				
Resident Profi		Com	ments & Other Observations	
1. Do the residents appear neat, clean and o				
2. Did residents say they receive assistance with personal care activities,				
Ex. brushing their teeth, combing their hai	r, inserting dentures or cleaning	4		
their eyeglasses?	/ / / / / / / / / / / / / / / / / / /			
3. Did you see or hear residents being encountry at the mambane? Fill You Fill No.	araged to participate in their care			
by staff members? Yes No				
4. Were residents interacting w/ staff, other n	esidents & visitors? Myes Lino			
5. Did staff respond to or interact with reside				
communicating or making their needs known absorve restraints in use 2 TV see				
6. Did you observe restraints in use? Tyes				
7. If so, did you ask staff about the facility's r				
	g Accommodations	Com	ments & Other Observations	
Did residents describe their living environm Did your petics upplement advantage in a second				
9. Did you notice unpleasant odors in commo				
10. Did you see items that could cause harm				
11. Did residents feel their living areas were12. Does the facility accommodate smokers?		ļ		
12a. Where? ☐ Outside only ☐ Inside only I				
13. Were residents able to reach their call be				
14. Did staff answer call bells in a timely & co				
14a. If no, did you share this with the adminis			_	
Resident Servi				
15. Were residents asked their preferences o		Com	ments & Other Observations	
planned for them at the facility? Tyes T			EXIT SUMMARY	
16. Do residents have the opportunity to purc		no po	licy on linen. Soiled clothing and linen ataken	
choice using their monthly needs funds?		basket	to clean, returned to room in basket , folded .put	
16a. Can residents access their monthly need		up. as	ked about policy for keeping sanitation rules.	
□ Yes □ No	to fution of their confeding (e.g.	was	told that there was no policy and looked into	
17. Are residents asked their preferences abo	out meal & snack choices?	po	licy MANUA (2016) and did not see any	
□ Yes □ No	or mode & orland arrondos:		requirements on this matter.	
17a. Are they given a choice about where the	v prefer to dine? ☐ Yes ⊘î No	in gone	rol the resident and a second second	
18. Do residents have privacy in making and i	receiving phone calls?	have ac	ral the residents appear to be well cared for and	
☐ Yes ☐ No	provide sails.	nave ac	tivities that helps keep them as active as much	
19. Is there evidence of community involveme	ant from other civic, volunteer or	0.04	as possible erall very good atmosphere with eveyone	
religious groups? ☐Yes ☐ No	The state of the s		who work or live there.	
20. Does the facility have a Resident's Counc	il? □Yes □ No		wild work or live there.	
Family Council? □Yes □ No	-5 11			
Areas of Conce	m	THE PARTY OF THE	Exit Summary	
Are there resident issues or topics that need follow-up or review at a later time or during the next		Discuss ite	ms from "Areas of Concern" Section as well as any changes	
		observed d	uring the visit.	
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This Document is a **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.