



Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:		Facility Name	
Henderson ☑ Adult Care H		Home I Nursing Home n Home	me Nursing Home Henderson's Assisted Living	
Visit date Time Spent in Fi		Facility	Arrival Time	
1-24-19	1 Hr.	Min	10:20 Am	PM
Name of person Exit Interview	w was held with	Crystal Robinson	/Nic	me & Title
Interview was held In-Per	son 🗆 Phone 🌡	ZAdmin □SIC (Supervis	or in Charge) D Ot	her Staff Ren
Committee Members Present	t:		Report completed	
Charlie McCurdy, Lynn Herget and S	Sandra Rodriguez		Charlotte (Charlie) McCurdy	
Number of Residents who red	ceived personal	visits from committee me		
Resident Rights Information i	s clearly visible.	Ombudsman contact		ct and clearly
☑ Yes ☐ No		posted. D Yes D No		
The most recent survey was readily accessible.		Staffing information is posted		
☐ Yes ☐ No		☐ Yes	₩ No	
(Required for Nursing Homes Resident Prof		MANAGEM AND		70 311 31 31 32 32
Resident Prof	He	Comments	and Other Observ	ations
 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 		-Rating was 97, Oct	ober 2018	

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Resident Living Accommodations	
Resident Eiving Accommodations	Comments and Other Observations
 8. Did residents describe their living environment as homelike? ☐ Yes ☐ No 9. Did you notice unpleasant odors in 	-We didn't ask residents if they thought their space was homelike but observing the space each person has, it seems to be homelike.
commonly used areas?	-The shower door still isn't fixed but the facility has to special order a door because of the size.
 11. Did residents feel their living areas were too noisy? ☐ Yes ☑ No 12. Does the facility accommodate smokers? ☑ Yes ☐ No 	-The covered porch area still leaks and is supposed to be replaced in the spring.
12a. Where? ☑ Outside only ☐ Both Inside & Outside. 13. Were residents able to reach their call	
bells with ease? ☐ Yes ☑ No	
14. Did staff answer call bells in a timely &	-No call bells were used during our visit
courteous manner? ☐ Yes ☐ No	
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	
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Residential Services	Comments and Other Observations
15. Were residents asked their preferences or	-The rooms are being remodeled one at a time.
opinions about the activities planned for	
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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.
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