

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON		Facility Type -		Family Care Home		Facility Name:	
		<input checked="" type="checkbox"/> Adult Care Home	Nursing Home		CHERRY SPRINGS		
		Combination Home					
Visit Date	11	18	14	Time Spent in Facility	0 hr	45 min	Arrival Time
Name of Person Exit Interview was held with				PAM SLATER		Interview was held	
Phone	Admn.	SIC (Supervisor in Charge)		Other staff		<input checked="" type="checkbox"/> In-Person	

Report Completed by: **Deanna McWilliams** (Name & Title)

Committee Members Present: **Deanna McWilliams, Annette Goetz, Buddy Emonds**

Number of Residents who received personal visits from committee members: **6**

Resident Rights Information is clearly visible. Yes No

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 Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	two of four residents interviewed had food in between teeth
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	
Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Also, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations	
5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

This Document is a **PUBLIC RECORD**. Do **not** identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

