

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Henderson</i>	<b>Facility Type:</b>			<b>Facility Name:</b>				
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	<i>Country Meadows</i>				
	Combination Home		Nursing Home					
<b>Visit Date:</b> <i>12/5/16</i>	<b>Time Spent in Facility:</b>			<b>Arrival Time:</b>				
	hr	min			<i>9</i>	<i>55</i>	<input checked="" type="checkbox"/>	am
<b>Person Exit Interview was held with:</b>				<b>Interview was held</b>		<b>In-Person or Phone (Circle) in person</b>		

<b>Administrator</b>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b> <i>Michelle, Debbie</i>
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<b>Committee Members Present:</b> <i>Heidi Davis, Larry Kosowsky, Marilyn Haynes</i>	<b>Report Completed by:</b> <i>Heidi Davis</i>
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<b>Number of Residents who received personal visits from committee members:</b>	
Resident Rights Information are clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<i>Staff not wearing I.D. tags. Posters with ombudsman info needs updating Several residents were interacting with us - said they liked the food and the staff.</i>
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. Do you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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	<i>All 3 houses were at full capacity and very clean. Residents were happy to show their rooms off. Menus were well planned and accommodating to special diets.</i>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input 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 checked="" 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	