

# Community Advisory Committee Quarterly/Annual Visitation Report

Occupied: 20  
 Room for: 25  
 Sanitation: 97  
 Kitchen: 95

County: Henderson

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

Facility Name: Henderson's Assisted Living

Visit Date: 11/2/17

Time Spent in Facility: 1 hr 15 min

Arrival Time: 10:15  am  pm

Person Exit Interview was held with: Scott

Interview was held with Scott  In-Person or Phone (Circle)

Interview with  Administrator  SIC (Supervisor in Charge)  Other Staff: (Name & Title)

Committee Members Present: Sharon Hanson, Maggie Donna Shelton, Annette Coetz

Report Completed by: Barbara Nilson

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

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	
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 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 checked="" 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 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	<p>Utility Room with cleaning supplies was unlocked</p> <p>Cigarette butt in bathr waste basket.</p> <p><i>[Signature]</i></p>
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 checked="" type="checkbox"/> Yes <input 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 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	

the activities planned for them at the facility?

Yes  No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes  No

17. Can residents access their monthly needs funds at their convenience?

Yes  No

17. Are residents asked their preferences about meal & snack choices?

Yes  No

17a. Are they given a choice about where they prefer to dine?

Yes  No

18. Do residents have privacy in making and receiving phone calls?

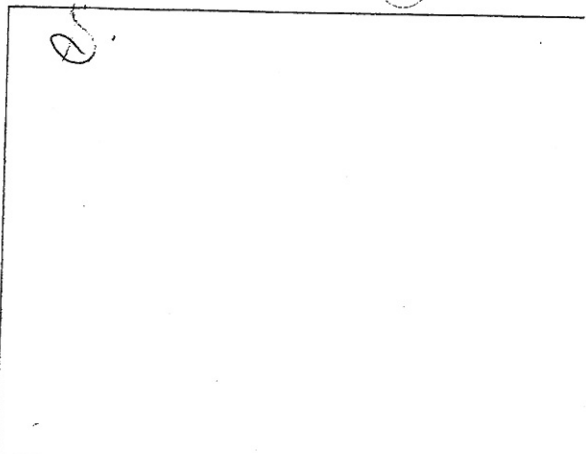
Yes  No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes  No

20. Does the Facility have a Resident's Council?

Yes  No



**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.

*faucets*  
Check ~~faucets~~ in bathroom to make sure they're not dripping.  
Check Rm 9 for new topper on Mattress

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

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