



### Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:		Facility Name:											
	<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	Just In Time 2											
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home												
Visit Date 07-20-17	Time Spent in Facility	hr	15	min	Arrival Time	11	:	3	:	0	x	x	am	pm
Person Exit Interview was held with: Ginger - Med Tech								Interview was held	x	In-Person or Phone (Circle) in person				

SIC (Supervisor in Charge)	Ginger	Other Staff: (Name & Title)	
Committee Members Present: Larry Kosowsky, Tom Keating, Annette Goetz		Report Completed by: Annette Goetz	

Number of Residents who received personal visits from committee members: 10+  Y  N

Ombudsman contact information is correct and clearly posted. updated by  Yes  No

The most recent survey was readily accessible. (Required for Nursing Homes Only)  Y  N

Staffing information is posted. Not Applicable  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	Census - 6 of 6 2 Men 4 Females
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. Did you see or hear residents being encouraged to participate in their care by staff members? <input 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	Facility very clean. Residents very happy.  Residents are ambulatory and move around the campus freely after informing SIC.          Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

14. Did staff answer call bells in a timely & courteous manner?  Yes  No
- 14a. If no, did you share this with the administrative staff?  Yes  No

Resident Services	
15. 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
16. 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
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Comments & Other Observations**

Activities – include Ice Socials and movies.

Projector is being replaced so that movies can be shown outside (weather permitting) on the building wall so all residents on the campus can enjoy them.

Nothing observed

Areas of Concern	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <b>NONE</b>	

**Exit Summary**

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.

**NONE**

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.