

4/10

### Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Wenderson</i>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Mountain Home</i>
Visit Date <i>10.17.17</i>	Time Spent in Facility <i>hr 45 min</i>	Arrival Time <i>12:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Jerry Huch, SW</i>		Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Other Staff Rep <i>Interv Admin</i> (Name & Title)		
Committee Members Present: <i>Buddy Edwards, Annette Soeb, Donna Sheli</i>		Report Completed by: <i>Donna Sheli</i>
Number of Residents who received personal visits from committee members: <i>14</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Resident Profile**

- 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

**Comments & Other Observations**

*Facility Sanitation 98.0  
Kitchen Sanitation 96.5  
Census 107 out of 124  
300 Hall had odor*

**Resident Living Accommodations**

- Did residents describe their living environment as home-like?  Yes  No
- Did you notice unpleasant odors in commonly used areas?  Yes  No
- Did you see items that could cause harm or be hazardous?  Yes  No
- Did residents feel their living areas were too noisy?  Yes  No
- Does the facility accommodate smokers?  Yes  No
- Where?  Outside only  Inside only  Both Inside & Outside.
- Were residents able to reach their call bells with ease?  Yes  No
- Did staff answer call bells in a timely & courteous manner?  Yes  No
- If no, did you share this with the administrative staff?  Yes  No

**Comments & Other Observations**

*300 Hall  
Sound pill in handrail.  
Handrails in general  
were dirty.  
Herschell was stored  
directly in front of fire  
exit door*

**Resident Services**

- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No
- Can residents access their monthly needs funds at their convenience?  Yes  No
- Are residents asked their preferences about meal & snack choices?  Yes  No
- Are they given a choice about where they prefer to dine?  Yes  No
- Do residents have privacy in making and receiving phone calls?  Yes  No
- Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
- Does the facility have a Resident's Council?  Yes  No  
Family Council?  Yes  No

**Comments & Other Observations**

*1 resident ask for an alternate meal and a staff member immediately got it.  
Soiled linen & trash bin on floor while lunch being served.  
Nasal cannula & breathing treatment masks aren't bagged.*

**Areas of Concern**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

**Exit Summary**

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

*Clean handrails.. Watch for items that might have safety concerns.*