

Community Advisory Committee Quarterly/Annual Visitation Report

County: Anderson	Facility Type:				Facility Name:												
		Adult Care Home		Family Care Home	Mountain Home Health & Rehab												
		Combination Home	X	Nursing Home													
Visit Date 07-13-17	Time Spent in Facility			1	hr	15	min	Arrival Time	9	:	0	:	0	x	am	pr	
Person Exit Interview was held with: Melissa Page										Interview was held		x	In-Person or Phone (Circle) in person				

	SIC (Supervisor in Charge)	Sundy Dotson - DON	Other Staff:	
Committee Members Present: Buddy Edwards, Darlene Hester, Donna Sheline, Annette Goetz			Report Completed by: Annette Goetz	

Number of Residents who received personal visits from committee members: 10+ (14)										
	x	Y	N		Ombudsman contact information is correct and clearly posted. updated by	x	Yes	Nc		
The most recent survey was readily accessible. (Required for Nursing Homes Only)					x	Y	N	x	Yes	Nc
					Staffing information is posted.					

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	The was a very strong urine odor in several of the rooms. Some of the residents needed assistance with the removal of facial hair. Nothing observed
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
2a. Where? [x] Outside only [] Inside only [] Both Inside and Outside.	
13. Were residents able to reach their call bells with ease?	

4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. If no, did you share this with the administrative staff? Yes No

Resident Services

Comments & Other Observations

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to line? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

MARS open with resident information exposed.

Linen cart open directly across from the food carts being used collect dirty breakfast dishes.

Dirty briefs found behind the bathroom door in 2 rooms.

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.

All the items of concern and the disturbing changes were discussed with the Director and the DON during our exit interview. We will closely monitor them on our next visit.

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.