

Community Advisory Committee Quarterly/Annual Visitation Report

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County: *Henderson*

Facility Type:	
Adult Care Home	<input checked="" type="checkbox"/> Family Care Home
Combination Home	Nursing Home

Facility Name: *Mc Cullough's Rest Home*

Visit Date	<i>6-5-19</i>	Time Spent in Facility	<i>1</i> hr			min	Arrival Time	<i>12</i>	:	<i>30</i>	am	<input checked="" type="checkbox"/> PM
Name of Person Exit Interview was held with: <i>no one available</i>							Interview was held		In-Person			

Name:	Phone:
Title: Check Box	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <i>Joe Best</i>
Other staff	

Committee Members Present: *Don Streb, Dave Smith, Ron Howard* Report Completed by: *Ron Howard*

Number of Residents who received personal visits from committee members: *5*

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <i>state form outdated</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Some residents did not look neat and clean</i> <i>Residents are all independent</i> <i>No staff available</i> <i>some were engaged in conversation with other residents and another team</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 type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No?	<i>a few residents did say they were happy living there</i> <i>Odor from cleaning substances and trash</i> <i>Facility was extremely dirty & cluttered</i> <i>Some mattresses were propped up against walls near rear bathroom which made it very difficult to enter, bathroom - Bathroom very dirty.</i>
9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> NA No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA 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? <i>Nothing Posted</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>A person from outside the Facility was cleaning a bedroom & told me the facility had bed bug infestation. He would not answer my questions and walked out of the facility. It is unknown if the person was from a professional cleaning comp</i> <i>Due to the condition of the facility I contacted DSS and spoke with Shari Sierk who said she would visit the facility.</i> <hr/> <i>Very few planned activities. Residents are taken to Walmart when they are paid.</i>
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? <i>Residents said they like the food</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	