



Community Advisory Commit	tee Quarterly	/Annual Visitati	on Report
unty: Henderson Facility Type:		Facility Name:	10 Die 1120
/ X Adult Care Hottle	Family Care Hom	10(Rest) Mc C	illough's Rest Home
Combination Home	Nursing Home	min Arrival Time	: /2;/ am pm
it Date 3-7-19 Time Spent in Facility Name of Person Exit Interview was held with:	hr 40	THE STATE OF THE S	
in aup	ovailable		Phone: 428-693-7976
Joe Best 3/C	SIC (Supervisor in Cha	mel: A-P-	Other staff
le: Check Box Admn. mmittee Members Present:	210 (Supervisor at One	Report C	completed by:
Pour Howard Jacky lass Done	o. Kifty Dun.	. Kol	Howard
mber of Residents who received personal visits from committee m	embers:		I I Ma
sident Rights Information is clearly visible. Yes No		ntact information is corre	119
e most recent survey was readily accessible. Yes No	Staffing informa		3 100 D
Resident Profile		Comments & Oth	ner Observations
Do the residents appear neat, clean and odor free?	Yes No	Only Isleft at	the security for we stray
Did residents say they receive assistance with personal care		lievel.	
stivities, Ex. brushing their teeth, combing their hair, inserting entures or cleaning their eyeglasses?	Yes No		
Did you see or hear residents being encouraged to participate	7 F	no stars ovailable	e
their care by staff members?	Yes No	not with sloft	
Were residents interacting w/ staff, other residents & visitors?	Yes No	2 12 to	and the legendent
Did staff respond to or interact with residents who had difficulty	Yes No	NA - Resections	
ommunicating or making their needs known verbally? Did you observe restraints in use?	Yes No		
If so, did you ask staff about the facility's restraint policies?	Yes No	Comments & Oth	er Observations
Resident Living Accommodations	/ Yes No		
. Did residents describe their living environment as homelike? Did you notice unpleasant odors in commonly used areas?	Yes No	honey of the	by bour of large TV la ley bour of large TV la ley bour of large TV la they sound steed we we noticed mentleoney new point, 2 new toilets
Did you see items that could cause harm or be hazardous? O. Did you see items that could cause harm or be hazardous?	Yes No	the had to	by howe of large I is me
1. Did residents feel their living areas were too noisy?	Yes No	leving room	they seed the Moorey
to Dans the facility accommodate SMOKERS?	Yes No	very series.	We protest plus
12a. Where? [:/] Outside only [] Inside only [] Both Inside an	Yes No	throughout;	new point, Znew toilets Enclose + vary Dancel
13. Were residents able to reach their call bells with ease? 14. Did staff answer call bells in a timely & courteous manner?	Yes No	NH all Cuckey	esection ,
14. Und start answer dail bons in a first the administrative staff?	Yes No/	Comments &	Other Observations
Resident Services	not by site	FF:	they she our actuals
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes No	But residents	, solvet way for
16. Do residents have the opportunity to purchase personal items		111	complaints, of
of their choice using their monthly needs lunds?	Yes No	we want	Other Observations, Social they plan our actuals, only no complaints, only comments.
16a. Can residents access their monthly needs funds at their	Yes No		- F /- / Y//L
convenience?	Yes No	To 1 91	The total
17. Are residents asked their preferences about meal & snack	Yes No	to Joyce, M.	+ of the renovalions
choices? 17a. Are they given a choice about where they prefer to dine?	Yes No	ant c/eque	ing completed over post
18. Do residents have privacy in making and receiving phone		few weeks.	I ove hoppy Her goal is to
calle?	Yes No	improve the	appearing of 144
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes No	- Joues Soil	she said residents we is to I ove hoppy. Her goal is to appearance of the facility needed repairs. she meets everidents daily.
20. Does the Facility have a Resident's Council?	Yes No	1 National	DNR "poster" on
		S PO II CONTE	door cher mane.