

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:		Facility Name: <u>McCullough</u>	
		Adult Care Home	<input checked="" type="checkbox"/> Family Care Home
Visit Date: _____		Combination Home	Nursing Home
Time Spent in Facility: <u>1</u> hr <u>_____</u> min		Arrival Time: _____ : _____	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: <u>Joe Best</u>		Interview was held: <input type="checkbox"/> In-Person	
Name: <u>Jenny McCullough "Owner/Manager" (not present)</u>		Phone: <u>828-693-7946</u>	
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn.	SIC (Supervisor in Charge)	Other staff	
Committee Members Present: <u>Bernie Brodsky - Audrey Elliott Calvin Titus</u>		Report Completed by: <u>Bernie Brodsky</u>	

Number of Residents who received personal visits from committee members:

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 <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Resident Profile

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 checked="" 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 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

### Comments & Other Observations

Facility Follow up of Annual Visits are completed with 12 Bed Care home "6 Verdict" 3-STAR Rating by State Sanitation 96 percent In addition to 3 meals per day "Snacks" 10 AM - 2 PM - 8 PM

### Resident Living Accommodations

1. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Did residents feel their living areas were too noisy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Does the facility accommodate smokers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6a. Where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
7. Were residents able to reach their call bells with ease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If no, did you share this with the administrative staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Comments & Other Observations

Improvement of TV-All 12 units have Internet Hookups. Doors on all 12 units to be numbered.

### Resident Services

1. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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
3a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Comments & Other Observations

Older facility has Septic Problem in Shower "Tub Clog" Repair follow up. Ceiling in some bedrooms peeling & mold - follow up "Scrap & Paint" Facility Age 60yrs

