

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - Adult Care Home Combination Home	Family Care Home Nursing Home	Facility Name: MCCULLOUGH'S
Visit Date Nov 24 14	Time Spent in Facility 1 hr 00 min	Arrival Time 3 : 00 am <input checked="" type="checkbox"/> pm	
Name of Person Exit Interview was held with		Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn.	SIC (Supervisor in Charge)	Other staff

Rep **JENNI McCULLOUGH, ADM. JOE BEST MGR. SUPERVISOR** (Name & Title) **BARBARA, AIDE**

Committee Members Present: **KATHY DUNN - CAL TITUS - BERNIE BRODSKY - ANBREY CARROLL** Report Completed by: **CAL TITUS**

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Required for Nursing Homes Only

Resident Profile	Comments & Other Observations
<p>Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 type="checkbox"/> No</p> <p>Did you see or hear residents being encouraged to participate their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MAJORITY OF RESIDENTS OUTSIDE, SMOKING OR SOCIALIZING</p>

Resident Living Accommodations	Comments & Other Observations
<p>Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.</p> <p>Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>ONE ROOM WAS EXTREMELY MESSY. AIDE SAID RESIDENT VERY INDEPENDENT EVEN AFTER THEIR INSTRUCTIONS. HALLWAYS CLUTTERED</p>

Resident Services	Comments & Other Observations
<p>Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do residents have the opportunity to purchase personal items their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>ACTIVITY BOARD POSTED</p> <p>MENU POSTED. TODAY WAS CHICKEN LIVERS, ALTERNATE WAS A SANDWICH.</p>

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.

11 RESIDENTS - 9 men, 2 women - 1 VACANCY

FIRE EXTING. OK

RESTROOM DOORS, BEING REPAIRED/PAINTED

ONE PUBLIC WATER FOUNTAIN BOWL FILTHY.

MANY RESIDENTS MEDICAID