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# Community Advisory Committee Quarterly/Annual Visitation Report

County: **HENDERSON**

Facility Type:		Facility Name:	
Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<b>McCULLOUGH'S REST HOME</b>	
Combination Home	Nursing Home		

Date: **9-30-14** Time Spent in Facility: **1 hr 30 min** Arrival Time: **11:30**  am  pm

Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person  Phone

Interviewer: **Jenny McCullough** Phone: **(928) 693-7976**

Facility:  Check Box  Admn.  SIC (Supervisor in Charge)  Other staff **OWNER**

Committee Members Present: **MARTHA SACHS, BERNIE BRODSKY, AUBREY CARRUTH** Report Completed by: **AUBREY CARRUTH**

Number of Residents who received personal visits from committee members: **6**

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No

Most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Residents are primarily Medicaid recipients. Current population majority is ambulatory... two residents wheelchair bound.</p> <p>Residents usually are complimentary of facility &amp; its food service, which compared more favorably than their previous lodgings.</p> <p># of beds: 13 # beds occupied 12 (9 men / 3 women)</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Significant upgrading of facility continues. New, high quality room doors/with key locks ready for installation. Facility has a tree-shaded lawn and benches for outdoor enjoyment.</p> <p>Fire extinguishers check OK</p>
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
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>Resident services are "Food Friendly", i.e. three main meals plus a mid-morning, mid-afternoon &amp; early evening snack time. Twenty-four hours each day facility staff is on site... including a CNA/Med Tech.</p> <p>This modest facility does adequately provide a "home" for our medically deprived fellow citizens.</p> <p>Sanitation Score: 95.0 N.C. Adult Care Rating System: 102.5 3 Stars</p>
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	
Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

