

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

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

Visit Date: 6-22-15 Time Spent in Facility: \_\_\_\_\_ hr \_\_\_\_\_ min Arrival Time: \_\_\_\_\_ : \_\_\_\_\_ am \_\_\_\_\_ pm

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

Name: Bernard Brodsky Phone: 828-693-7976

Title:  Check Box  Admn.  SIC (Supervisor in Charge) Joe Rest  Other staff

Committee Members Present: Kathleen Dunn - Calvin Titus Report Completed by: Bernie Brodsky  
Bernie Brodsky - Aubrey Carruth - Martha Sachs

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

(Required for Nursing Homes Only) Staffing information is posted.  Yes  No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>Sherrie (DSS) met with our group at 1:00 PM.</u></p> <p><u>Jennie McCullough (owner) present</u></p> <p><u>payment - (Private Pay - State County Assistance)</u></p> <p><u>1 - Resident private pay 15yrs</u></p>
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 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 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	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>State approval 2 star Rating</u></p> <p><u>Sanitation Rating 96</u></p> <p><u>13 Beds - 8 - Occupied</u></p> <p><u>Facility clean - abide by All Inspection Comments</u></p> <p><u>New Rule - Dogs not allowed</u></p>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>Laundry Rules posted - Days a week Monday-Fri. - By Name</u></p> <p><u>Saturday (Towels - Wash cloths)</u></p> <p><u>Sunday - Pillow Cases - Blankets</u></p> <p><u>Bed sheets</u></p> <p><u>Laundry - Back of building</u></p> <p><u>Done by attendant</u></p>
16. Do residents have the opportunity to purchase personal items if 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

