

# Community Advisory Committee Quarterly/Annual Visitation Report

9/5/14

County <b>HENDERSON</b>	Facility Type -		Family Care Home		Facility Name: <b>MOUNTAIN VIEW AC</b>
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Nursing Home		
	<input type="checkbox"/> Combination Home				
Date <b>4/15/14</b>	Time Spent in Facility	<b>1</b> hr	<b>35</b> min	Arrival Time <b>9:35 (am)</b>	pm
Name of Person Exit Interview was held with			Interview was held		In-Person
Phone	Admn.	SIC (Supervisor in Charge)	Other staff		

Step \_\_\_\_\_  
 Committee Members Present: **SCOT CRUMME** (Name & Title) **MAINTENANCE DIR**  
*IN TRAINING; ANNETTE DDETZ*

Number of Residents who received personal visits from committee members: **2**  
 Report Completed by: **D. McWilliams**

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
. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No . 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 no, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p><b>WORKING SMOKE DETECTORS OBSERVED IN ALL ROOMS</b></p> <p><b>ACCESS TO EXIT CLEARED</b></p>

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

Resident Services	Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. Are residents asked their preferences about meal & snack choices? 7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.