

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson		Facility Type:				Facility Name:								
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			Mountain View Alzheimer's Living aka Assisted Living Special Care Unit								
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home											
Visit Date	12 03 15	Time Spent in Facility			hr 25	min	Arrival Time	10	:	45			a	m
Person Exit Interview was held with: Angie							Interview was held		In-Person					
Adm		SIC (Supervisor in Charge)		<input checked="" type="checkbox"/>	Other Staff: (Name & Title)									
Committee Members Present: Larry Kosowsky, Carol Ward - also Lindsay Cooper, Henderson Co. DSS							Report Completed by: Carol Ward							
Number of Residents who received personal visits from committee members: 3 - few residents able to converse at length														
Resident Rights Information is clearly visible.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct & clearly posted.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
The most recent survey was readily accessible. (Required for Nursing Homes Only)				<input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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>Common area was very pleasant with a large birdcage holding 9 small, active birds and a large, very clean aquarium. Hallways & bathrooms were clean & well lit.</p> <p>98 on both facility, 95 dietary. Facility recently completed its 6th deficiency free state survey.</p> <p>Current census 18 of 27, primarily female.</p> <p>Three staff members on duty were actively involved with residents & appeared to be very patient & respectful in dealing with them.</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 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No										
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 type="checkbox"/> No										
12. Does the facility accommodate smokers?				<input type="checkbox"/> Yes <input type="checkbox"/> No										
12a. Where? [] Outside only [] Inside only [] 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 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? Yes No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

Most residents appeared capable of only limited participation in planning activities. Focus is on enjoyable, but "calming, dementia-related activities."

Facility has been adopted by at least one church group which has already supplied a large number of holiday gifts for residents.

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.