

# Community Advisory Committee Quarterly/Annual Visitation Report

19 Resident

Howard Co.

County: Henderson

Facility Type:  Adult Care Home  Family Care Home  
 Combination Home  Nursing Home

Facility Name: Mountain View

Visit Date: 1-15-14 Time Spent in Facility: 45 hr 0 min Arrival Time: 9:36 am pm

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

Name: Angie Crumple Phone: \_\_\_\_\_

Title:  Admn. Angie Crumple SIC (Supervisor in Charge) \_\_\_\_\_ Other staff \_\_\_\_\_

Committee Members Present: Linda Spirmack, Trish Stanley, Wil Irving, Mark Haines, Donna Shelton, Deanna McWilliams, Perry Robinson Report Completed by: Perry Robinson

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	<u>(over)</u> <u>Most Residents were up and dressed</u>
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 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 type="checkbox"/> No	
7. If you did 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	<u>Smoke detectors missing in Hall way and Residents Room</u> <u>Water marks on walls and ceiling</u>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Areas of Concern****Exit Summary**

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.

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.

DHHS DOA-022/2004

On January 15, 2014 an audit was performed at Mountain View. Upon entering the building one of the first things noticed were Exposed wires hanging down from ceiling with wire nuts attached To them, we confirmed that this was where a Smoke Detector had Had been placed and was no longer there, also Smoke Detectors Had been removed from some of the residents rooms , we also Noticed water marks on walls and ceiling. At the time of the exit Interview with the administrator She stated that during the cold Spell the week before the pipes had broken in the ceiling and the Smoke Detectors were damaged and removed. (Scott stated that he Had detectors on order to replace the defected ones. )A team member Ask the administrator what process they had in place in regards to Life Safety since they no longer had smoke detectors the Administrator immediately said I am getting very agitated, stood up Said You are not inspectors you're volunteers and said we were no Longer allowed in her building and we were too leave, she stated we Could leave her a note of our report, We were then escorted out the door