

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON		Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Facility Name: MOUNTAIN VIEW	
Visit Date 01/20/15	Time Spent in Facility hr 45 min		Arrival Time 09:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		
Name of Person Exit Interview was held with ANNETTE CRYMME - OWNER		Interview was held <input checked="" type="checkbox"/> In-Person			
Phone	Admn.	SIC (Supervisor in Charge)		Other staff NONE	

Topic: **SANITATION - FACILITY - 99.0 (11-14)** (Name & Title) **CENSUS 34/29**

Committee Members Present: **DOWNA SHORLANE, BUDDY EDWARDS, ANNETTE GOETZ** Report Completed by: **ANNETTE GOETZ**

Number of Residents who received personal visits from committee members: **5**

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

1. Do the residents appear neat, clean and odor free? Yes No

2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No

3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No

4. Were residents interacting w/ staff, other residents & visitors? Yes No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No

6. Did you observe restraints in use? Yes No

7. If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

NEW SHOWER ROOM COMPLETED. VERY WELL DONE! -
ODOR FREE - WITH ONE EXCEPTION

Resident Living Accommodations

1. Did residents describe their living environment as homelike? Yes No

2. Did you notice unpleasant odors in commonly used areas? Yes No

3. Did you see items that could cause harm or be hazardous?
1. Did residents feel their living areas were too noisy? Yes No

2. Does the facility accommodate smokers? Yes No

2a. Where? Outside only Inside only Both inside and outside.

3. Were residents able to reach their call bells with ease? Yes No

4. Did staff answer call bells in a timely & courteous manner? Yes No

4a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

SPACE HEATER IN USE
FACILITY COLD - THERMOSTATS ACCESSIBLE TO RESIDENTS - NO COVERS - EXTREME TEMPERATURE FLUCTUATIONS

- NOISY OBSERVED

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No

6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No

6a. Can residents access their monthly needs funds at their convenience? Yes No

7. Are residents asked their preferences about meal & snack choices? Yes No

7a. Are they given a choice about where they prefer to dine? Yes No

8. Do residents have privacy in making and receiving phone calls? Yes No

9. Is there evidence of community involvement from other civic, labor or religious groups? Yes No

10. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

SAW AREA VISITING AS WE EXITED
ARMY.

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

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during next visit?

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

VERY PERSISTENT EVIDENCE OF ODOR ELIMINATOR!
ONE RESIDENT DISPLAYED OBVIOUS ODOR.
DURING EXIT INTERVIEW AFTER WE ADDRESSED THIS WITH STAFF, WE WERE INFORMED THAT THIS RESIDENT WAS BEING GIVEN A SHOWER.
STAFF OBSERVED A RESIDENT WHO HAD STOPPED IN DO HALL COMPLAINTING THAT HE HAD REPEATEDLY BEEN DENIED HIS RELATIVES PHONE NUMBER. BEFORE WE FINISHED OUR CONVERSATION, STAFF MEMBER BROUGHT HIM THE NUMBER HE HAD BEEN REQUESTING

SOME ROOMS WERE VERY COLD (40°).
OTHER ROOMS WERE VERY WARM (80°).
THE THERMOSTATS IN EACH ROOM ARE ACCESSIBLE TO THE RESIDENTS. THEY CAN CHANGE THEM TO ANY SETTING.
WOULD SUGGEST THAT COVERS OR GUARDS BE CONSIDERED TO PREVENT THESE CHANGES AND HELP GIVE THE FACILITY A MORE UNIFORM TEMPERATURE.