Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type - ☐ Family Care Home ☐ Adult Care Home ☑ Nursing Home ☐ Combination Home	Facility Name Mountain ~~View~~ Home Health and Rehab
Henderon		
Visit Date Jan. 19 2016	Time Spent in Facility 1 hr min	Arrival Time 12 : 10 ☐am ☑pm

Name of Person Exit Interview was held with Becly Ritchie DON (Name & Title) Interview was held ☐In-Person ☐Phone ☐Admn. ☐SIC(Supervisor in Charge) ☐Other Staff Rep

Committee Members Present: D. Sheline, A. Goetz, A. Grimm, B. Edwards

Report Completed by: D. McWilliams

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 *(Required for Nursing Homes Only)*

Staffing information is posted. ☑ Yes ☐ No

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

3. unobserved
Female res had polished nails, however not recently, male nails were in need of cleaning. Teeth and/or dentures had food particles in them, however they had just finished lunch. Staff stated they would get oral care before bed.
Res. requiring thickened liquids were indicated with a hummingbird. Staff stated that a small cooler was kept at bedside. The DON stated liquids were kept in the refridge and passed according to care plans'

Resident Living Accommodations

8. Did residents describe their living environment as homelike? ☑Yes ☐No
9. Did you notice unpleasant odors in commonly used areas? ☐Yes ☑No
10. Did you see items that could cause harm or be hazardous? ☑Yes ☐No
11. Did residents feel their living areas were too noisy? ☐Yes ☑ No
12. Does the facility accommodate smokers? ☑Yes ☐ No
12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? ☑Yes ☐ No
14. Did staff answer call bells in a timely & courteous manner? ☑Yes ☐ No
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No

Comments & Other Observations

10. During lunch tray pass, house keeping carts and soiled linen containers were left in the hallway. Lead Hse Kpr stated policy was to put them in the space provided off the hall way.
The handrails were dirty with tissues, food items, string and various unidentified objects. Someome had vomited in the water fountain.

Resident Services

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
Family Council? ☐Yes ☑ No

Comments & Other Observations

15. Movie being watched was "Nite of the Dead" 5 Res were watching, Census was 121.
16. unknown
16a. unknown
17. A Res who was blind had a lunch tray in front of her but did not know. The meat was dry and crusted, even with gravy. Res stated she has asked to have sandwiches for lunch but it doesn't happen. A staff member stated that when she got her tray they told her the placement of each food item. She went and got Res a sandwich.
18. unknown
95% of staff were without name tags, including the Don.

Areas of Concern

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

Exit Summary

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

All of the above were discussed at exit.

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.