

Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson		Facility Type -		Family Care Home		Facility Name:	
		Adult Care Home		<input checked="" type="checkbox"/> Nursing Home		Mountain Home Health + Rehab	
		Combination Home					
Visit Date	4/21/15	Time Spent in Facility		1 hr	30 min	Arrival Time	
Name of Person Exit Interview was held with		Bucky Patch Don		Interview was held		<input checked="" type="checkbox"/> In-Person	
Phone	Admn.	SIC (Supervisor in Charge)		Other staff			

Report Completed by: **Dana Debra** (Name & Title)

Committee Members Present: **Buddy Edwards, Annette Patch, Dana Debra**

Number of Residents who received personal visits from committee members: **15**

Resident Rights Information is clearly visible. Yes No

Umbudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
<p>Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or clearing their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If no, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Residents on 300 Hall needed oral care</p> <p>Five insects found in Dining Room.</p>

Resident Living Accommodations	Comments & Other Observations
<p>Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2a. Where? [] Outside only [] Inside only [] Both inside and outside.</p> <p>3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>At end of 300 Hall multiple items through-out hall - Difficult egdes. Handrails needed cleaned. Insect found in one handrail & tank not in holder. Many instances where call bells not accessible.</p>

Resident Services	Comments & Other Observations
<p>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</p> <p>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</p> <p>6a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Sanitation Facility 95</p> <p>" Kitchen 96.5</p> <p>Census 112 out of 134</p>

