Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:				Facility Name: Mountain Home Health & Rehab
		Adult Care Home		Family Care Home	
		Combination Home	x	Nursing Home	

Visit Date 07-21-15	Time Spent in Facility	1 hr	0 min	Arrival Time	10 : 55	x am	pm

Person Exit Interview was held with: Melissa - Director	Interview was held	x	In-Person or Phone (Circle)

Adm		SIC (Supervisor in Charge		Other Staff: (Name & Title) Becky - DON	

Committee Members Present: Buddy Edwards, Deanna McWilliams, Donna Sheline, Annette Goetz	Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 14

Resident Rights Information is clearly visible.	x Yes	No	Ombudsman contact information is correct and clearly posted.	Yes	x No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	x Yes	No	Staffing information is posted.	x Yes	No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	x Yes	No	3 Residents refuse personal hygiene specifically their fingernails – this is documented in their care plan
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	x Yes	No	Sanitation - Facility 97.0 Dietary 96.5
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	x No	Census - 114 / 124
4. Were residents interacting w/ staff, other residents & visitors?	x Yes	No	The staff knows almost every residents name. They have pleasant, sometimes joking interaction with the residents in their rooms and in the hallways. This is something we do not always see.
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	x Yes	No	
6. Did you observe restraints in use?	Yes	x No	
7. If so, did you ask staff about the facility's restraint policies?	Yes	No	

Resident Living Accommodations Observations			Comments & Other
8. Did residents describe their living environment as homelike?	Yes	x No	

9. Did you notice unpleasant odors in commonly used areas?	x Yes	No	One end of the building was much warmer than the other parts of the buildiing, with plaster peeling from the ceiling and walls in 3 of the rooms and a definite musty smell was evident. We discussed this during the exit interview and the Director immediately had a maintenance man checking the air handling unit on the top of the building. The area is an addition to the building. They are aware of the problem and are trying to make the necessary repairs.
10. Did you see items that could cause harm or be hazardous?	x Yes	No	
11. Did residents feel their living areas were too noisy?	Yes	x No	
12. Does the facility accommodate smokers?	x Yes	No	
12a. Where? [x] Outside only [ ] Inside only [ ] Both Inside and Outside.			Air conditioners were not working in several rooms and some of the units did not have controls at all.
13. Were residents able to reach their call bells with ease?	x Yes	No	Housekeeping was mopping in some areas with no signage.
14. Did staff answer call bells in a timely & courteous manner?	x Yes	No	Hand rails were dirty and we found several combs in the hand rails.
14a. If no, did you share this with the administrative staff?	Yes	No	All of this was discussed during the exit interview and we were assured these would be addressed.

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	x No	During our exit interview the Director advised us they were installing a monitoring system throughout the entire facility. This will allow them to monitor the entire facility from remote locations (their homes, etc.) at all times. We were concerned that is could possibly violate Residents rights of privacy. Need to follow up on regulations covering such monitoring.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	x Yes	No	
16a. Can residents access their monthly needs funds at their convenience?	x Yes	No	
17. Are residents asked their preferences about meal & snack choices?	x Yes	No	
17a. Are they given a choice about where they prefer to dine?	Yes	x No	Dining Rooms for residents needing assistance were much cleaner than on previous visits.
18. Do residents have privacy in making and receiving phone calls?	x Yes	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	x No	Nothing observed
20. Does the Facility have a Resident's Council?	Yes	x 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? Hallways still cluttered. HVAC needs to be checked on next visit.	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit. Much room for improvement. Director seems to be aware of and is trying to make improvements.

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.