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Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON

Facility Type: [ ] Adult Care Home [ ] Family Care Home [ ] Combination Home [✓] Nursing Home

Facility Name: MOUNTAIN HOME HEALTH & REHAB

Visit Date 6-3-2014 **Time Spent in Facility** 1 hr 45 min **Arrival Time** 10 : 30 [X] am [ ] pm

Name of Person Exit Interview was held with: **Interview was held** [ ] In-Person

Name: MELISSA PATE **Phone:** (828) 693-5849

Title: Check Box [✓] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff

Committee Members Present: KANDY RICE, MARTHA SACHS, BERNIE BRODSKY, AUBREY CARRUTH

Report Completed by: AUBREY CARRUTH

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

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. *(Required for Nursing Homes Only)* [✓] Yes [ ] No

Staffing information is posted. [✓] Yes [ ] No

Resident Profile

	Yes	No
1. Do the residents appear neat, clean and odor free?	[ ]	[ ]
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]	[ ]
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[X]	[ ]
4. Were residents interacting w/ staff, other residents & visitors?	[X]	[ ]
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[X]	[ ]
6. Did you observe restraints in use?	[ ]	[ ]
7. If so, did you ask staff about the facility's restraint policies?	[ ]	[ ]

Comments & Other Observations

THE MAJORITY OF RESIDENTS AT MOUNTAIN HOME GENERALLY REQUIRE A MORE ACUTE LEVEL OF CARE, BOTH MEDICAL AND PSYCHOLOGICAL. STAFF INTERACTION WITH RESIDENTS IS EXTENSIVE AND ASSURING WITH POSITIVE REINFORCEMENT AS THE GOAL. RESIDENT ACTIVITIES ARE APPROPRIATELY PROVIDED: GAMES, MOVIES, MUSIC/SING ALONGS/OUTINGS.

OF AVAILABLE BEDS: 124
OF BEDS OCCUPIED: 114 (*) SEE BELOW

Resident Living Accommodations

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

Comments & Other Observations

OVER THE PAST 4 YEARS OUR COMMITTEE HAS WITNESSED A SIGNIFICANT IMPROVEMENT IN THE QUALITY OF LIFE OF THESE RESIDENTS DUE TO THE EXPERT & CARING LEADERSHIP OF ADMINISTRATOR MELISSA PATE AND HER NURTURING, WELL QUALIFIED STAFF. THE FACILITY HAS UNDERGONE WIDE-SCALE UPGRADING/IMPROVEMENT — NEW FLOORING, PAINTING, SHOWER-ROOMS, TOILETS, ETC.

Resident Services

	Yes	No
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	[X]	[ ]
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[X]	[ ]
16a. Can residents access their monthly needs funds at their convenience?	[X]	[ ]
17. Are residents asked their preferences about meal & snack choices?	[X]	[ ]
17a. Are they given a choice about where they prefer to dine?	[X]	[ ]
18. Do residents have privacy in making and receiving phone calls?	[X]	[ ]
19. Is there evidence of community involvement from other civic, [illegible]eer or religious groups?	[X]	[ ]
20. Does the Facility have a Resident's Council?	[X]	[ ]

Comments & Other Observations

RESIDENTS MEDICAL CARE IS BROAD RANGING: THE MEDICAL DIRECTOR VISITS EVERY OTHER DAY; 3 NURSE PRACTITIONERS VISIT EVERY DAY; A DENTAL CLEANING PROGRAM EVERY MONTH; A PODIATRIST VISIT EVERY OTHER MONTH; AN EYE DOCTOR VISIT EVERY OTHER MONTH.

REHABILITATION CASELOAD: 15-20 DAILY (PROVIDED BY REHAB SOLUTIONS (MATTHEWS S.C.)
1 FULL TIME. 1 PART TIME PHYSICAL THERAPIST
1 FULL TIME 1 ASSISTANT OCCUPATIONAL "
1 FULL TIME SPEECH THERAPIST
2 RESTORATIVE AIDES

• MOUNTAIN HOME ACQUIRED A NEW 12 PASSENGER 2 WHEELCHAIR CAPACITY BUS — A VALUABLE ACQUISITION FOR REQUIRED TRANSPORT

(*) POPULATION BREAK-DOWN
- MEDICARE 10
- MEDICAID 98
- PRIVATE PAY 5
- HOSPICE 1

114

• SANITARY SCORES
OVERALL : 95%
KITCHEN : 97.5%

• NO AREAS OF CONCERN