Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

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

Facility Name: Mountain Home Health & Rehab

Exit Date: 5 / 4 / 15

Time Spent in Facility: 1 hr 30 min

Arrival Time: 12 : 30 [ ] am [✓] pm

Name of Person Exit Interview was held with:

Interview was held: [✓] In-Person [ ] Phone [ ] Admn. [✓] SIC (Supervisor in Charge) [ ] Other staff

Rep:

Committee Members Present: (Name & Title) Lynnette Goetz, Deanna McWilliams, Buddy Edwards, Donna Sheline

Report Completed by: Donna Sheline

Number of Residents who received personal visits from committee members: 23

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			Comments & Other Observations
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	No activities at time of visit
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	
6a. If no, did you ask staff about the facility's restraint policies?	[ ] Yes	[✓] No	

Resident Living Accommodations			Comments & Other Observations
1. Did residents describe their living environment as homelike?	[ ] Yes	[ ] No	
2. Did you notice unpleasant odors in commonly used areas?	[✓] Yes	[ ] No	Strong urine odor noted and addressed at exit
3. Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No	
4. Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No	
5. Does the facility accommodate smokers?	[✓] Yes	[ ] No	
5a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
6. Were residents able to reach their call bells with ease?	[ ] Yes	[ ] No	Improved from visit in April.
7. Did staff answer call bells in a timely & courteous manner?	[✓] Yes	[ ] No	
7a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

Resident Services			Comments & Other Observations
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, volunteer or religious groups?	[ ] Yes	[ ] No	
10. Does the Facility have a Resident's Council?	[✓] Yes	[ ] No	

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Areas of Concern	Exit Summary
re there resident issues or topics that need follow-up or review at a later time or during e next visit?	Discuss items from *"Areas of Concern"* Section as well as any changes observed during the visit.
Call bell easily accessible 300 Hall still cluttered with things when we arrived. Gradually cleared for proper egress	medicine cup with pill left on night stand in resident's room.

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