



## Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Mountain View
Visit date 2/22/2018	Time Spent in Facility Hr. 30 Min	Arrival Time 10:30 Am PM
Name of person Exit Interview was held with <u>Crystal - Administrator</u> (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Larry Kosowsky, Barbara Hinson, Tom Keating, Brenda Ow		Report completed by: Brenda Owens
Number of Residents who received personal visits from committee members: 0		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile	Comments and Other Observations	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>5. 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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p>Sanitation Rating - 97.0 Kitchen Sanitation Rating - 96.5 12 Residents out of 26 New Administrator - Crystal. Started in December. Atmospher was very "homely" - Residents were sitting and watching TV. Activities were posted. Menu was posted. Ratio of CNAs to residents was 1 to 8.</p> <p>Light covers were dirty. Spoke to Crystal. She said they are in the process of remodeling and changing them out. Lots of cigarette butts on the ground beside outside smoking patio. Crystal sent someone out to clean them up. There was a dead bird in the birdcage. Crystal said she would have it removed and cage cleaned.</p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only  <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="font-size: 1.2em; color: blue;">Facility is a Memory care.            Communications w/ residents was limited</p>
Residential Services	Comments and Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. 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>16a. Can residents access their monthly needs funds at their convenience?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal &amp; snack choices?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p style="font-size: 1.2em; color: blue;">v</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>There isn't any issues that need to be followed-up on.</p>	<p>Discuss items from "<b>Areas of Concern</b>" Section as well as any changes observed during the visit.</p> <p>Light covers were dirty. Spoke to Crystal. She said they are in the process of remodeling and changing them out.</p> <p>Lots of cigarette butts on the ground beside outside smoking patio. Crystal sent someone out to clean them up.</p> <p>There was a dead bird in the birdcage. Crystal said she would have it removed and cage cleaned.</p>

