

Community Advisory Committee Quarterly/Annual Visitation Report

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| County Henderson | Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name McCullough |
| Visit Date 2-3-17 | Time Spent in Facility _____ hr _____ min | Arrival Time 2:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep | JOE BEST - MGR (Name & Title) | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) |
| Committee Members Present: Bernie Brodsky - Calvin Titus Martha Sears - Sherri Sierk (DSS) | | Report Completed by: Bernie Brodsky |

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

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| 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 <i>(Required for Nursing Homes Only)</i> | Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Resident Profile | Comments & Other Observations |
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| 1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Facility consists of 12 units 1-Vacant, 3-Female & 8 Male Sanitation is 87.5 - Dept of Health gives 90 months to fix problems Fire extinguisher not inspected since December |
| 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 | |
| 4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Resident Living Accommodations | Comments & Other Observations |
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| 1. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Bathrooms - at end of hallway - Needing paper towels Toilet paper Garbage can in Laundry Room full and not emptied All taken care of when told of a problem |
| 2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6. a. Where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | |
| 7. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| Resident Services | Comments & Other Observations |
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| 1. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Kitchen Floor in need of replacement Wall Calendar not readable or understandable Sign-out Book dirty, All equipment outside kitchen area "Too Chest", water pitcher Dirty. Room numbers should be on doors. |
| 2. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 4. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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.