

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>McCullough's</i>
Visit Date <i>May 1, 2017</i>	Time Spent in Facility hr <i>55</i> min	Arrival Time <i>1:20</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Name of Person Exit Interview was held with <i>JOE Best manager</i>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
<input type="checkbox"/> Other Staff Rep <i>(Name & Title)</i>		

Committee Members Present <i>Bernie Brodsky, Martha Sacks, Calvin Titus</i>	Report Completed by: <i>Martha Sacks</i>
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Number of Residents who received personal visits from committee members: Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>But too high to read</i>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>too high to read</i>

Resident Profile
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 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 type="checkbox"/> No

Comments & Other Observations
<p style="font-size: 1.2em; font-family: cursive;">Some grateful to "have" a place to live" others non-committal. 11 residents - 12 beds -</p>

Resident Living Accommodations
3. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.
13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments & Other Observations
<p style="font-size: 1.2em; font-family: cursive;">Door to utility room left will open closed when we reported it, no towels or toilet paper in either hallway bathroom (common find) some single rooms have private bathroom. Sanitation rating 89.5</p>

Resident Services
15. 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
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
0. 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

Comments & Other Observations
<p style="font-size: 1.2em; font-family: cursive;">Food lacking in variety - lots of mac & cheese - white bread, margarine many refined carbs vegetables only 1/2 cup the activities board is too high to read and illegible.</p>

Areas of Concern
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <i>all comments under resident services</i>

Exit Summary
Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.