

Community Advisory Committee Quarterly/Annual Visitation Report

County Anderson	Facility Type:				Facility Name:											
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	Mountain View											
		Combination Home		Nursing Home												
Visit Date 12-07-17	Time Spent in Facility			1	hr		min	Arrival Time	9:	:	1	5	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm
Person Exit Interview was held with: Tabitha – Med Tech Director was out with the flu - Only Staff on site (1) Med Tech (2) Nursing Assts.									Interview was held		<input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person				

	SIC (Supervisor in Charge)		Other Staff: (Name & Title)
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Committee Members Present: Donna Sheline, Annette Goetz	Report Completed by: Annette Goetz
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Number of Residents who received personal visits from committee members: 10			
	<input type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. updated by
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Census – 24 Sanitation – Facility 95.5 Dietary 94.4 This is our 2 nd follow-up visit to this facility. While there is improvement, there needs to be much more to adequately serve the Resident's rights.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	The broken window which had been replaced with a wooden board has now been properly replaced. We asked for their fall protocol. There is nothing on file. Administrator handles fall protocol if she is on site. We asked about their protocol for toileting. We were assured that each resident is toileted every 2 hours. We have NC observed this practice on any of our visits. Again there is nothing on file. We asked if these policies were covered during orientation. She said she had never had an orientation.
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease?	

4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. 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

Even though activities are posted, we have never observed any participation by residents. We were advised by the Administrator on our 1st follow-up visit that activities were limited because they did not want to "over stimulate the residents .

No menu posted

Simple supplies such as toilet tissue were available in some of the rooms on this visit.

Bar soap was observed in a basket in one residents room.

Loose metal shower drain in old, unused portion of shower room remains a hazard.

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

We did see improvement on this 2nd follow-up visit. In our opinion, this facility should not be on a quarterly rotation, rather it should be visited a minimum of every month until complete compliance can be observed.

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.