

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:				Facility Name: Mountain View				
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home					
		Combination Home		Nursing Home					
Visit Date 11-12-17	Time Spent in Facility				Arrival Time				
	1	hr	10	min	9	:	4	0	am
Person Exit Interview was held with: Director (Angie Crummie) not in building - Tina Med Tech ?) called Director before allowing us to enter – Interview held with Tina						Interview was held		<input checked="" type="checkbox"/> In-Person or Phone (Circle) in person	

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: Donna Sheline, Barbara Hinson, Annette Goetz Maggie Mohaghan, Sharon Hanson completing their training)		Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 8

Y N

Ombudsman contact information is correct and clearly posted. updated by Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<p>This is a Memory Care facility. It is difficult to communicate with the residents, but they are very responsive to a smile, a touch little attention.</p> <p>Only people in the building were Tina (Med Tech?), 1 maintenance man and an assistant giving a shower.</p> <p>No evidence of personal care for residents – brushing teeth, combing hair, caring for dentures, etc. Resident roaming throughout facility with no shoes or socks.</p> <p>Census 24/</p> <p>Sanitation – Facility 95.5 Dietary 94.0</p>
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?	<p>Conditions were deplorable! Urine odor made it difficult to breathe. More than half the residents sitting in lounge chairs covered with blankets in living room in obvious need of attention to lessen the odor. No lights in hallway making it very dark and even more difficult for a person with cognitive issues see. Dangerous! Lower portion of window in one residents room had been boarded up after air conditioning unit was removed. Toilet in bathroom covered with feces. Toilet bowl full of feces paper towels, a rubber glove. NO tissue paper in bathrooms.</p>
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 checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	

- 3. Were residents able to reach their call bells with ease? Yes No
- 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

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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

Activities are posted, however, we were told that most residents choose not to participate.

No menu posted – Med tech had to check with kitchen to advise lunch menu.

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?

Everything about this facility needs to be reviewed by someone with authority to correct these conditions. These residents are helpless and vulnerable. They are unable to speak for themselves and we are their only advocates. No one should live in these conditions.

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

Quite obviously it does no good to discuss any of these conditions with the Owner/Administrator. Conditions only continue to deteriorate. Conditions are worse now than during our visit months ago.

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.