

Sanitation: 45.0
95.5

Residents: 21
Room for 26

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:		Facility Name:	
<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Mt View</u>	
<input checked="" type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		

Visit Date: 8/24

Time Spent in Facility	hr	min	Arrival Time	am	pm
		<u>30</u>	<u>10</u>	<u>50</u>	<input checked="" type="checkbox"/>

Person Exit Interview was held with: Tabatha: Actina Din

Interview was held with: Tabatha: Actina Din In-Person or Phone (Circle)

Interview with Administrator SIC (Supervisor in Charge) Other Staff: (Name & Title)

Committee Members Present: Larry Kosowski, Tom Barbara Huns Barbara Huns

Report Completed by: Barbara Huns

Number of Residents who received personal visits from committee members: 3

Resident Rights Information are clearly visible. Y N

Ombudsman contact information is correct and clearly posted. 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? <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 checked="" type="checkbox"/> Yes <input 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 checked="" 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	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>said they like to go for walks & really enjoy Bingo.</u></p> <p><u>have had bells by bed</u></p>
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 and 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	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about	

the activities planned for them at the facility?

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

16a. Can residents access their monthly needs funds at their convenience?

17. Are residents asked their preferences about meal & snack choices?

17a. Are they given a choice about where they prefer to dine?

18. Do residents have privacy in making and receiving phone calls?

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

20. Does the Facility have a Resident's Council?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Family purchases and extra items they need

Areas of Concern

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

No
We did discuss the "Just Play" with Tabatha. Said they like Gospel Music. Harry will talk with Julia about Training

Exit Summary

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

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman