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Mountain Home Home 2Q 2019

Community Advisory Committee Quarterly/Annual Visitation Report

County Anderson		Facility Type:				Mountain Home									
		Adult Care Home		Family Care Home											
		Combination Home		Nursing Home X											
Visit Date 4/02/19	MT. Home	Time Spent in Facility Minutes		Hr 1	h r	35	min		1	:	35	X		a	X
Person Exit Interview was help held with administrator Terry Huck								Interview was held		(xIn-Person) or Phone (Circle)					

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

Committee Members Present:	Report Completed by:
Don Streb, Lynn Herget, Sandra Rodriguez Charlotte McCurdy	Don Streb

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Number of Residents who received personal visits from committee members:													
Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N	O
The most recent survey was readily accessible. Required for Nursing Homes Only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	Staffing information is posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N	O

Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	N	O
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	N	O
Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	N	O
Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	N	O

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Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Yes

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

N

O

Did you observe restraints in use?

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Yes

<input checked="" type="checkbox"/>
<input type="checkbox"/>

N

O

If so, did you ask staff about the facility's restraint policies?

<input checked="" type="checkbox"/>
<input type="checkbox"/>

Yes

<input type="checkbox"/>
<input type="checkbox"/>

N

O

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1. Did residents describe their living environment as homelike?	x	Yes	<input type="checkbox"/>	N
1. Did you notice unpleasant odors in commonly used areas?		Yes	<input type="checkbox"/>	N
1. Did you see items that could cause harm or be hazardous?	X	Yes	<input type="checkbox"/>	N
1. Did residents feel their living areas were too noisy?		Yes	<input checked="" type="checkbox"/>	N
1. Does the facility accommodate smokers?	x	Yes	<input type="checkbox"/>	N
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
1. Were residents able to reach their call bells with ease?	x	Yes	<input type="checkbox"/>	N
1. Did staff answer call bells in a timely & courteous manner?	x	Yes	<input type="checkbox"/>	N
If no, did you share this with the administrative staff?		Yes	<input type="checkbox"/>	N
1. Were residents asked their preferences or opinions about the activities planned for them at the facility?	x	Yes	<input type="checkbox"/>	N
1. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	x	Yes	<input type="checkbox"/>	N
Can residents access their monthly needs funds at their convenience?	x	Yes	<input type="checkbox"/>	N
1. Are residents asked their preferences about meal & snack choices?	X	Yes	<input type="checkbox"/>	N
Are they given a choice about where they prefer to dine?	x	Yes	<input type="checkbox"/>	N

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1. Do residents have privacy in making and receiving phone calls?	x	Yes	<input type="checkbox"/>	N
1. Is there evidence of community involvement from other civic, volunteer or religious groups?	x	Yes	<input type="checkbox"/>	N
1. Does the Facility have a Resident's Council?	x	Yes	<input type="checkbox"/>	N

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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.

Area around 214 strong urine smell
Bag of soiled clothing in corner of room 214
Nurse should be wearing a name tag. Med art locked but screen left open
Strange odors by Room 224 & by room 227 and the rest of the way down the hall.
File folders left on A wing dining table As well as B wing dining table **Talked to 29 people**
B wing could use a cleaning
Ombudsman's info needs update
Most of B wing has bad odors
A resident says she is not taken to the bathroom enough
Information board badly out of date
Some people's clothing is rather soiled
Food committee meets regularly. Residents Council, no family attend.
78% of the 79 residents are long term care
Cigarettes and lighters are kept secure with several smoke times a day

