Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: ☐ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☐ Combination Home

Facility Name: Mountain Home

Visit Date: 1/11/2019 Time Spent in Facility: 50 min

Arrival Time: 9:00 a.m.

Name of Person Exit Interview was held with: Victoria Barretta Interview was held ☐ In Person ☐ Phone ☐ Admin. ☐ SIC (Superintendent in Charge)

Other Staff Rep: Debbi Ritter (Name & Title)

Committee Members Present: Eddie Edwards, Barbara Heeter

Report Completed by: Rose Marie Sheehan

Number of Residents who received personal visits from committee members: 16

Resident Rights Information is clearly visible. ☐ Yes ☐ No

The most recent survey was readily accessible. ☐ Yes ☐ No (Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted. ☐ Yes ☐ No

Staffing information is posted. ☐ Yes ☐ No

Resident Profile

1. Do the residents appear neat, clean and odor free? ☐ Yes ☐ No

2. Did residents say they receive assistance with personal care activities, e.g., brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? ☐ Yes ☐ No

3. Did you see or hear residents being encouraged to participate in their care by staff members? ☐ Yes ☐ No

4. Were residents interacting with staff or visitors? ☐ Yes ☐ No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☐ Yes ☐ No

6. Did you observe restraints in use? ☐ Yes ☐ No

7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No

Resident Living Accommodations

8. Did residents describe their living environment as home-like? ☐ Yes ☐ No

9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☐ No

10. Did you see items that could cause harm or be hazardous? ☐ Yes ☐ No

11. Did residents feel their living areas were too noisy? ☐ Yes ☐ No

12. Does the facility accommodate smokers? ☐ Yes ☐ No

13. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside

14. Were residents able to reach their call bells with ease? ☐ Yes ☐ No

15. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No

16. If no, did you share this with the administrative staff? ☐ Yes ☐ No

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☐ No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No

16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No

17. Are residents asked about their preferences about meal & snack choices? ☐ Yes ☐ No

17a. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No

18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No

19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☐ No

20. Does the facility have a Resident's Council? ☐ Yes ☐ No

Family Council? ☐ Yes ☐ No

Areas of Concern

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

- Observed a staff member mistreating a resident. Informal complaints were made & reported.

Exit Summary

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

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.