# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** Mountain Home Health & Rehab

**Visit Date:** 4/17/2018  
**Time Spent in Facility:** 1 hr, 0 min  
**Arrival Time:** 11:25 AM

**Name of Person Exit Interview was held with:**  
Nicola Burnett, CEO  
**Interview was held:** In-Person  
**Other Staff Rep:** (Name & Title)

**Committee Members Present:**  
Donna, Annette, Darlene  
**Report Completed by:** Buddy Edwards

### Number of Residents who received personal visits from committee members: 15

**Resident Rights Information is clearly visible:** Yes No  
**Ombudsman contact information is correct and clearly posted:** Yes No

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

**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,**  
   *Ex. 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, other residents & 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

### Comments & Other Observations

Sanitation 98

### Resident Living Accommodations

8. **Did residents describe their living environment as homelike?** 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? Only inside only outside both inside & outside.**
14. **Was resident able to reach their call bell with ease?** Yes No
15. **If no, did you share this with the administrative staff?** Yes No

### Comments & Other Observations

Several rooms clothing on floor or over chair  
Several water containers not filled  
One resident said need clothes

### Resident Services

16. **Do residents have 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 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

### Comments & Other Observations

One resident had pictures that she had colored on her wall. She was very proud. Looked great.

### Areas of Concern

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

**Exit Summary**  
Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.

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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.