Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type: ○ Family Care Home ○ Adult Care Home ○ Nursing Home ○ Combination Home</th>
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<tbody>
<tr>
<td>Henderson</td>
<td>Facility Name: McCullough</td>
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Visit Date: 2-3-17  
Time Spent in Facility: 8 hr 50 min  
Arrival Time: 1:00 pm  
Departure Time: 3:50 pm

Name of Person Exit Interview was held with:  
Other Staff Rep: (Name & Title)  
Committee Members Present: Bernie Brodsky, Calvin Hooij, Martha Schaff, Sherry Sikk | Report Completed by: Bernie Brodsky

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. ○ Yes ❌ No  
The most recent survey was readily accessible. ○ Yes ❌ No  
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?  
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 with 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:

1. Did residents describe their living environment as homelike?  
2. Did you notice unpleasant odors in commonly used areas?  
3. Did you see items that could cause harm or be hazardous?  
4. Did residents feel their living areas were too noisy?  
5. Does the facility accommodate smokers?  
   a. Where? ○ Inside only ☑ Outside only ❌ Both inside and outside
   b. Were residents able to reach their call bells with ease?  
   c. Did staff answer call bells in a timely & courteous manner?
   d. If no, did you share this with the administrative staff?

Resident Services:

1. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
2. Do residents have the opportunity to purchase personal items?  
3. Can residents access their monthly needs funds at their convenience?  
4. Are residents asked their preferences about meal & snack times?  
5. Are they given a choice about where they prefer to dine?  
6. Do residents have privacy in making and receiving phone calls?

Comments & Other Observations:

Facility Counter  
1. Valet (2)  
Sanitation  
1. No Dent Hygiene  
2. No

Health "Giving"  
2. No

Problems  
Fire Extinguishers not inspected since December

Resident comments:

Bathroom in need of replacement  
Wall Calendar not readable or understandable  
Sinks outside kitchen dirty  
All equipment outside kitchen area "clean"  
Water pitcher dirty  
Resin members should be on cook.

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.