Community Advisory Committee Quarterly/Annual Visitation Report

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<th>County</th>
<th>Henderson</th>
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| Facility Type | Family Care Home  
- Adult Care Home  
- Nursing Home  
- Combination Home |
| Facility Name | Mountain Home & R |
| Visit Date | 04/18/2017 |
| Time Spent in Facility | 50 min |
| Arrival Time | 10:45 AM |
| Name of Person Exit Interview was held with: | Donna, Darlene, Annette |
| Other Staff Rep | (Name & Title) |
| Committee Members Present | C A Buddy Edwards |
| Number of Residents who received personal visits from committee members: | 10 plus |
| Resident Rights Information is clearly visible. | Yes | No |
| The most recent survey was readily accessible. | 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 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 Accommodations**

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

**Resident Services**

1. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Yes | No |
2. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | Yes | No |
3. Can residents access their monthly needs funds at their convenience? | Yes | No |
4. Are residents asked their preferences about meal & snack choices? | Yes | No |
5. Are they given a choice about where they prefer to dine? | Yes | No |
6. Do residents have privacy in making and receiving phone calls? | Yes | No |
7. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes | No |
8. Does the facility have a Resident’s Council? | Yes | No |
9. Family Council? | Yes | No |

**Areas of Concern**

- C-Pap mask not covered in many room: soil blanket on bed, urine smell

**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.

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