County: Henderson

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

Facility Name: Mountain View

Visit Date: 2-7-17

Time Spent in Facility: 1 hr, 0 min

Arrival Time: 9:15 AM

Person Exit Interview was held with: Tabitha - Med Tech
Director was out with the flu - Only Staff on site (1) Med Tech (2) Nursing Assts.

Interview was held x In-Person or Phone (Circle in person)

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

Committee Members Present: Donna Sheline, Annette Goetz

Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 10

Ombudsman contact information is correct and clearly posted. Updated by: x Yes, x No

The most recent survey was readily accessible. (Required for Nursing Homes Only)

Temporary Staffing Information is posted.

Resident Profile

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

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

4. Were residents interacting w/ staff, other residents & visitors?  
   - Yes x No

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

6. Did you observe restraints in use?  
   - Yes x No

7. If so, did you ask staff about the facility’s restraint policies?  
   - Yes x No

Comments & Other Observations

Census - 24
Sanitation - Facility 95.5
Dietary 94.4

This is our 2nd follow-up visit to this facility. While there is improvement, there needs to be much more to adequately serve the Resident’s rights.

Resident Living Accommodations

1. Did residents describe their living environment as homelike?  
   - Yes x No

2. Did you notice unpleasant odors in commonly used areas?  
   - Yes x No

3. Did you see items that could cause harm or be hazardous?  
   - Yes x No

4. Did residents feel their living areas were too noisy?  
   - Yes x No

5. Does the facility accommodate smokers?  
   - Yes x No

2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

3. Were residents able to reach their call bells with ease?
   - Yes x No

Comments & Other Observations

The broken window which had been replaced with a wooden board has now been properly replaced.

We asked for their fall protocol. There is nothing on file. Administrator handles fall protocol if she is on site. We asked about their protocol for toileting. We were assured that each resident is toileted every 2 hours. We have NC observed this practice on any of our visits. Again there is nothing on file. We asked if these policies were covered during orientation. She said she had never had an orientation.
4. Did staff answer call bells in a timely & courteous manner?
   4a. If no, did you share this with the administrative staff? | Yes | No

<table>
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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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</table>
5. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Yes | x | No |
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs unds? | Yes | x | No |
6a. Can residents access their monthly needs funds at heir convenience? | Yes | x | No |
7. Are residents asked their preferences about meal & snack choices? | Yes | x | No |
7a. Are they given a choice about where they prefer to line? | Yes | x | No |
8. Do residents have privacy in making and receiving phone calls? | Yes | x | No |
9. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes | x | No |
10. Does the Facility have a Resident’s Council? | Yes | x | No |

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<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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We did see improvement on this 2nd follow-up visit. In our opinion, this facility should not be on a quarterly rotation, rather it should be visited a minimum of every month until complete compliance can be observed.

Even though activities are posted, we have never observed any participation by residents. We were advised by the Administrator on our 1st follow-up visit that activities were limited because they did not want to "over stimulate the residents.

No menu posted

Simple supplies such as toilet tissue were available in son of the rooms on this visit.

Bar soap was observed in a basket in one resident's room.

Loose metal shower drain in old, unused portion of shower room remains a hazard.

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HHSS DOA-022/2004