

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:		Facility Name:	
Adult Care Home	Family Care Home	<u>Brian Center</u>	
Combination Home	<input checked="" type="checkbox"/> Nursing Home		

Visit Date: 12-4-17 Time Spent in Facility: 42 hr 15 min Arrival Time: 10:00:00 am

Name of Person Exit Interview was held with: _____ Interview was held In-Person

Name: Amber Morgan Phone: _____
 Title: Check Box Admn. SIC (Supervisor in Charge) _____ Other staff _____

Committee Members Present: Maria Niles & Judy McDonough Report Completed by: J. McDonough
 Number of Residents who received personal visits from committee members: 8 + 8 = 16

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 Staffing information is posted. Yes No
(Required for Nursing Homes Only)

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents <input checked="" type="checkbox"/> they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Do you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	overall yes - locked unit of bare breasts DNA Resident exposed & administrator handled.

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	- just outside 1 rm. on 600 - one guy had thumb on button whole time I was up there

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5 to 8 minutes. - not so much - Posted by nursing station

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.

Resident who may have left his glasses at resident hosp. stay. as-frozen.

Resident still waiting for wheelchair to be fixed
Resident needs pull-ups

went over previous visits report.

Administratrix took notes on all issues.

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Newsday
DHHS DOA-022/2004

Resident w/ dementia wanders

into room - "tripped resident's feet."

2 Sep. sets of visitors reported food & clothing nothing done
(2 hrs. report) ^{enemas} _{coners} was

water not refilled often enough

Questions about monitoring of O₂ tanks.

Adm. aware of this issue & is working w/ family

Knew of this situation also & talked w/ fam. is following up

Knew about this issues & talked to family

Kudos!

Gorgeous Christmas decorations in lobby - tree, poinsettias, throw pillows

Bible stories read on locked unit

Decal above bed " " "

Dietary Council - instituted monthly Love the brief bio's on the locked unit

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