

Community Advisory Committee Quarterly/Annual Visitation Report

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County	The second control of	☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho☐ Combination	ome 🗷 Nursing Home Home	Brian Ctr Health/Rehab	
Visit date Time Spent in Fac		cility	Arrival Time	
2/26/18	2 Hr. 0	Min	9:50 Am PM	
Name of person Exit Interview	w was held with A	mber Morgan	(Name & Title)	
Interview was held ☑ In-Person ☐ Phone ☑ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep				
Committee Members Present:			Report completed by:	
Maria Hines, Stephan Ihde and Judy McI		Donough	Judy McDonough	
Number of Residents who red	ceived personal vi	sits from committee me	embers: (6	
Resident Rights Information i	s clearly visible.	Ombudsman contact	information is correct and clearly	
⊠ Yes □ No		posted.		
The most recent survey was read	•	Staffing information is po	osted.	
✓ Yes □ No		⊠ Yes	□ No	
(Required for Nursing Homes				
Resident Prof	ne	Comments of	and Other Observations	
 Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?		interaction	ot much staff/resident residents on the locked unit	

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Resident Living Accommodations	Comments and Other Observations
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 12a. Where? ☐ Outside only ☐ Inside only ☐ Both Inside &	Odor of urine on 100 Hall 100 Hall roommate sleeps all day and is on phone all night; at night there is a problem with hearing screaming on 400 Hall
Outside. 13. Were residents able to reach their call bells with ease? ☑ Yes ☐ No 14. Did staff answer call bells in a timely & courteous manner? ☑ Yes ☐ No 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	4-5 min
Residential Services	Comments and Other Observations
 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No 16. Do residents have the 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 Family Council? ☐ Yes ☐ No	Didn't ask

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Areas of Concern	Exit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.
Trashy floor in room on 100 Hall Why bare mattress on floor of 200 Hall?	Amber knew which residents had various issues.
Food issues: "Food's fair". Eggs awful Locked unit: seemed short-handed-	She took notes on all our concerns.
Tanya was wonderful with the residents Beds not made by 10:30 on both 200 and locked unit	The Dining Council feels that the food is improving.
Kudos: A resident was leading Bible study	
group	
Residents like Residents' Council "I feel safe here."	