



Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name: Brookdale Asheville Overlook			
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home				
		Combination Home		Nursing Home				

Visit Date 1/16/18		Time Spent in Facility		h	55	min	Arrival Time	11	:	55
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Person Exit Interview was held with: Alan Jordan, Interim Executive Director	Interview was held	In-Person or Phone (Circle) in person
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	SIC (Supervisor in Charge)		Other Staff: (Name & Title)	
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Committee Members Present: Bennett Lincoff and Peggy Franc

Number of Residents who received personal visits from committee members: 8

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. (out-of-date – our error)	<input checked="" type="checkbox"/>	Yes
The most recent survey was readily accessible. (Required for Nursing Homes Only)		Y		N	Staffing information is posted.	<input checked="" type="checkbox"/>	Yes

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <div style="display: flex; justify-content: space-around; margin-left: 100px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair? <div style="display: flex; justify-content: space-around; margin-left: 100px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	

hair, inserting dentures or cleaning their eyeglasses?

<input type="checkbox"/>	<input type="checkbox"/>
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3. Did you see or hear residents being encouraged to participate in their care by staff members?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Were residents interacting w/ staff, other residents & visitors?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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7. If so, did you ask staff about the facility's restraint policies?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Living Accommodations Observations

Comments & Other

8. Did residents describe their living environment as homelike?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. Did you notice unpleasant odors in commonly used areas?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12a. Where? [] Outside only [] Inside only [] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

X	Yes		No
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16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

X	Yes		No
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16a. Can residents access their monthly needs funds at their convenience?

X	Yes		No
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17. Are residents asked their preferences about meal & snack choices?

X	Yes		No
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17a. Are they given a choice about where they prefer to dine?

X	Yes		No
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18. Do residents have privacy in making and receiving phone calls?

X	Yes		No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

X	Yes		No
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20. Does the Facility have a Resident's Council?

X	Yes		No
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- The facility has an Interim Executive Director; a new Health & Wellness director; a new Director of Dining Services (promoted from within). In addition, the former, much loved Activities Director, who had left, has returned.
- Spoke with two family members, sisters, said their mother is well taken care of; and the food was "not bad for institutional food." They also had great praise for the Activities Director.
- Spoke with 8 residents in the dining room during lunch, all of whom were happy with selection, quality and quantity of the food. Lunch menu for the day included Ham, Swiss Potatoes and Brussel Sprouts. The alternative selection was Chicken Salad (also served on the two sides).

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Two of three med carts in the hallway were unlocked and no Med Tech was present. The matter was raised with Mr. Jordan at our exit interview. He said he would remedy the matter immediately.

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.