

Community Advisory Committee Quarterly/Annual Visitation Report

| County | Facility Type: | ☐ Family Care Home | Facility Name | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| Buncombe | ☐ Adult Care Ho☐ Combination | ome 🗷 Nursing Home Home | NC State Veterans Home | | |
| Visit date | Time Spent in Fa | cility | Arrival Time | | |
| 12/14/17 | 1 Hr. | Min | Am 3:00 PM | | |
| Name of person Exit Interview | v was held with <u>T</u> | onia Holderman, Admir | nistrator (Name & Title) | | |
| Interview was held ☑ In-Person ☐ Phone ☑ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep | | | | | |
| Committee Members Present John Bernhardt, Diane | | Report completed by: | | | |
| | | John Bernhardt | | | |
| Number of Residents who red Resident Rights Information is | eived personal vi | | | | |
| Yes No | | Ombudsman contact information is correct and clearly | | | |
| The most recent survey was read | | | posted. ☑ Yes ☐ No | | |
| │ ☐ Yes ☐ No | | Staffing information is posted. ☐ Yes ☐ No | | | |
| (Required for Nursing Homes | | | | | |
| Resident Prof | le | Comments a | and Other Observations | | |
| Do the residents appear neat, clean and odor free? ☑ Yes ☐ No 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 Did you see or hear residents being encouraged to participate in their care by staff members? ☐ Yes ☒ No Were residents interacting w/ staff, other residents & visitors? ☒ Yes ☐ No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☒ Yes ☐ No Did you observe restraints in use? ☐ Yes ☒ No If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No | | As on every visit, all residents in three wings were alone in their unusually nice single rooms. In the dementia unit, by contrast, all were in the common room in accordance with nursing practice for that unit. The posted schedule said it was snack and quiet time so they were either watching TV or just sitting. | | | |

Community Advisory Committee Quarterly/Annual Visitation Report

| Resident Living Accommodations | Comments and Althor Aheavettons |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resident Living Accommodations 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 & 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 | A very communicative resident had high praise for the care and the staff. He said the food was good though breakfast unpredictable. He said activities were good but he never participated. The rooms for these veterans are so nice and well furnished (TV, phone, internet) they stay in their rooms, thus have little interaction with other residents. Residents in other facility would be jealous of these accommodations. A "pub" with soft drinks, juice and snacks (some free, some low priced) has staff at times to visit with residents and hear their concerns, serving almost as an activity. |
| 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No | |
| 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 | Resident committees meet regularly and those on the committees speak freely about concerns residents have. However few other residents attend the meetings and the same issues come up regularly without being resolved. Normally all residents eat in the dining room in their unit, providing some interactions among them. |

Community Advisory Committee Quarterly/Annual Visitation Report

| Arreas of Songern | 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. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | , | | |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |