

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		acility Type:	Facility I	Name:													
		Adult Care Home		Family Care Home													
		Combination Home		N	ursin	g Hom	е	NC State Veterans Nursing Home									
Visit Date 1/29/18		me Spent in			hr	40	min	Arrival Time	4	1:	10		am	X	pm		
Person Exit Interview was held with:					1			Interview held	was	X	In-P	erson	1		L		
Tonia Holderman, I	Director of Ad	missions						Hold									
Adm	SIC (Supervisor in Other Staff: (Name & Title) Charge																
Committee Members Present: John Bernhardt, Diane Duermit Report Completed by: John Bernhardt																	
Number of Residents who received personal visits from committee members: 3																	
Resident Rights Information is clearly X Yes No visible.						Ombudsman contact information is correct X Yes No and clearly posted.											
The most recent survey was readily X Yes No accessible. (Required for Nursing Homes Only)						Staffing information is posted.											
Resident	Profile							C	ommer	ts &	Oth	er Obs	serva	tio	ns		
 Do the residents appear neat, clean and odor free? Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning</i> 						No No	Residents must be veterans. Most are men but there are a few women. Cookies and coffee are available in the lobby										
their eyeglasses? 3. Did you see or hear residents being encouraged to participate in their care by staff						No	and some residents go there often, where they interact with staff at the desk.										
members?																	
4. Were residents interacting w/ staff, other residents & visitors?						No											
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?						No											
6. Did you observe restraints in use?					X	No									-		
7. If so, did you ask staff about the facility's restraint policies?						No											
	Living Accom	modations							Comn	nent	s & (Other					
8. Did residents desc as homelike?	ribe their livi	ng environment	Х	Yes		No		s are priv ents enjoy							d.		
Did you notice unpleasant odors in commonly used areas?					Х	No	spend	l little time residents	in the	con	nmo	n are	as w	ith			

10. Did you see items that could cause harm or		Yes	X	No	
be hazardous? 11. Did residents feel their living areas were too		Yes	X	No	
noisy?	X				
12. Does the facility accommodate smokers?		Yes	l	No	
12a. Where? [X] Outside only [] Inside only Inside and Outside.	/ L] Bo	UI		
13. Were residents able to reach their call bells	X	Yes		No	
with ease? 14. Did staff answer call bells in a timely &	X	Yes		No	
courteous manner?					
14a. If no, did you share this with the		Yes		No	
administrative staff? Resident Services					Comments & Other Observations
15. Were residents asked their preferences or					Comments & Other Observations
opinions about the activities planned for them at	X	Yes		No	They are encouraged to eat in the dining
the facility?					room or their wing, for social interaction, but
16. Do residents have the opportunity to purchase personal items of their choice using	Χ	Yes		No	can choose to eat in their rooms.
their monthly needs funds?					Trips are taken into town but they also enjoy
16a. Can residents access their monthly needs					going to the "Pub" for snacks (no alcohol) and
funds at their convenience?	X	Yes		No	visiting with staff, considered an activity.
17. Are residents asked their preferences about meal & snack choices?		Yes		No	Actvites are announced on the public address
17a. Are they given a choice about where they	Χ	Yes		No	system, but on a visit the team did not hear
prefer to dine? 18. Do residents have privacy in making and					an announcement that an activity was about to begin.
receiving phone calls?	Χ	Yes		No	to bogin.
19. Is there evidence of community involvement		[There is a residents' council with residents
from other civic, volunteer or religious groups?	X	Yes Yes		No No	who are serious about making suggestions, though these may not get any action.
20. Does the Facility have a Resident's Council?	^	100		NO	though those may not get any action.
Areas of Concern					Exit Summary
					Discuss items from "Areas of Concern"
					Section as well as any changes observed during the visit.
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