

YAC

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Facility Name:			
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>Brookdale - OverLook</i>			
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home						
Visit Date	<i>11-4-17</i>	Time Spent in Facility	hr	<i>45</i>	min	Arrival Time	<i>11</i> : <i>05</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Person Exit Interview was held with: <i>Jill Barot, Business Office Coordinator</i>	Interview was held	In-Person or Phone (Circle) <u>in person</u>
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SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: <i>Bennett Lineoff, Peggy Franc</i>	Report Completed by: <i>Peggy Franc</i>
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Number of Residents who received personal visits from committee members: *11 + 2 family members*

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted <i>left correct one</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>One barefoot resident had long toe nails. Has upcoming podiatrist appointment. Can be non-compliant with staff</i></p> <p><i>Several staff were on lunch break</i></p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input 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 checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" 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. Did 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	

Resident Living Accommodations Observations	Comments & Other
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? 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 and 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

Resident Services

Comments & 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

Areas of Concern

Exit Summary

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

See attached

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

This facility has undergone many staff changes recently. In addition to a new Executive Director, there is now a new Chef and a new Activities Director. Some residents mentioned lots of staff turnover.

The new Chef is getting mixed reviews. Several residents liked the new menu items and mentioned a greater variety of foods. Others complained the new chef relied too much on starches, on canned fruits and vegetables.

The new Activities Director, who is replacing an extremely popular Activities Director, is apparently quite young and inexperienced but the residents seem willing to give her an opportunity to learn her new job. They are very anxious that she get a license to drive the bus.

That day's activity schedule was not posted but copies of it were readily available in the dining area.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the success of any business and for the protection of the interests of all parties involved. The document also highlights the need for transparency and accountability in all financial dealings.

The second part of the document provides a detailed overview of the company's financial performance over the past year. It includes a comprehensive analysis of the company's revenue, expenses, and profit margins. The document also discusses the company's financial strategy and the steps that have been taken to improve its financial health. The overall goal is to provide a clear and concise summary of the company's financial situation and to identify areas for improvement.

The third part of the document outlines the company's future financial goals and objectives. It discusses the company's plans for expanding its operations and increasing its market share. The document also includes a detailed budget for the next year, which shows the company's projected revenue, expenses, and profit. The overall goal is to provide a clear and concise summary of the company's financial strategy and to identify areas for improvement.

The fourth part of the document provides a summary of the key findings and conclusions of the financial analysis. It highlights the company's strengths and weaknesses and provides recommendations for how to improve its financial performance. The document also includes a list of the key financial metrics that have been analyzed and a brief discussion of the implications of the findings. The overall goal is to provide a clear and concise summary of the company's financial situation and to identify areas for improvement.