

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:		Facility Name:	
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Brooks-Howell</u>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Visit Date: <u>9-18-17</u>	Time Spent in Facility: <u>1</u> hr <u>30</u> min	Arrival Time: <u>10:00</u> am	pm
Name of Person Exit Interview was held with:		Interview was held	In-Person

Name: Carol Gilham Phone: _____

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: Sarah Weiss, Eleanor Lane & Judy McDonough Report Completed by: _____

Number of Residents who received personal visits from committee members: 3 + 3 = 6 (10)

Resident Rights Information is clearly visible. Yes No DND

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No DND

(Required for Nursing Homes Only) DND

Staffing information is posted. DND Yes No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Everyone was up, dressed & out of bed.</u>
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input 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. Do 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 checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a <u>Resident's Council</u> ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Starting up again at 3:30 PM today in Chapel

Areas of Concern

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

Exit Summary

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

~~Est. 1/1/04~~

One resident feels that things have "gone downhill" @ it feels 'demeaning'.

Adm. doesn't care about what residents think.

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DHHS DOA-022/2004

Kudos:

As usual, residents were up & dressed @ beds were made.

Chairosize was in progress @ they were practicing deep breathing.

Coughing resident was assisted immediately.

New staff on Desk @ BTU offered to comply with any suggestions to make things better.

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