



Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:			Facility Name: <i>St Mary Rosa's Family Care Home</i>			
		<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home					
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home					
Visit Date <i>11/7/17</i>		Time Spent in Facility		hr	<i>20</i>	min	Arrival Time	
							<i>9:35</i>	<input checked="" type="radio"/> am
								pm
Person Exit Interview was held with: <i>Gail Atkinson, SIC</i>					Interview was held		<input checked="" type="radio"/> In-Person or Phone (Circle) <input checked="" type="radio"/> in person	
		SIC (Supervisor in Charge)		Other Staff: (Name & Title)				
Committee Members Present: <i>Bennett Lincoff, Peggy Franc</i>					Report Completed by: <i>Peggy Franc</i>			
Number of Residents who received personal visits from committee members: <i>2</i>								
Resident Rights Information is clearly visible.		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
				<i>left correct sheet with sic</i>				
The most recent survey was readily accessible. (Required for Nursing Homes Only)		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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					
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					
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No					

4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Other Observations	Comments &		
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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 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 checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
12a. Where? <input checked="" type="checkbox"/> 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
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" 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		
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		SIC acknowledged residents not interested in activities except shopping. Last month's calendar was still posted.	
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	<input type="checkbox"/> Yes	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience?				
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices?				
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?				
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/> No	
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	Forgot to inquire

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>1 - Several residents have part-time jobs. The SIC assists with transport to and from</p> <p>2 - The SIC showed lots of fresh fruit and vegetables - always available to the residents</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>

