

Community Advisory Committee Quarterly/Annual Visitation Report



County	Facility Type:	☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho	me 🛛 Nursing Home	Brian Center	
	☐ Combination i	Home		
Visit date	Time Spent in Fa	,	Arrival Time	
11/26/18	1 Hr. 15	5 Min	11:40 Am	PM
Name of person Exit Interview			(Name &	
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep				
Committee Members Present	·-		Report completed by:	
Nancy Kniffen, Stephan Id			Judy McDonough	
Number of Residents who rec		sits from committee me	embers: 8	
Resident Rights Information is clearly visible.		Ombudsman contact	information is correct and	clearly
⊠ Yes □ No		posted.		
The most recent survey was readily accessible.		Staffing information is po		
		☑ Yes	□ No	
Resident Prof		Comments	and Other Observation:	Maria Silver
		Comments	and Other Observation.	100.00
1. 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				
3. Did you see or hear reside	nts being			
encouraged to participate	in their care by			
staff members? 🛛 🖾 Yes	s □ No			
4. Were residents interacting w/ staff, other				
residents & visitors? ☐ Yes ☐ No				
5. Did staff respond to or interact with				
residents who had difficul				
communicating or making their needs				
known verbally? 🛛 Yes				
6. Did you observe restraints	in use?			
☐ Yes ☒ No				
7. If so, did you ask staff about the facility's				
restraint policies? Yes	i □ No			

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Resident Living Accommodations	Comments and Other Observations
 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 	Plants, solar dancing flowers, stuffed animals and coloring sheets
☐ 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 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	Did not observe
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 Council? ☑ Yes ☐ No Family Council? ☐ Yes ☑ No	"Wish more folks were at the activities."

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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? One resident said her bed had not been made up in a week. CNA's answer call bells and say "Be back soon. One resident was concerned that her roommate needed help eating, and I observed she was flat in her bed with the food tray inaccessible. The staff just	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Kudos: the outside entrance is beauiful and