

Community Advisory Committee Quarterly/Annual Visitation Report

County		Facility Type:	☐ Family Care Home	Facility Name		
Buncombe			me 🛮 Nursing Home	Brooks-Howell		
		☐ Combination	Home			
		Time Spent in Fa	cility	Arrival Time		
5/21/18		2 Hr. 15	Min	9:25 Am PM		
Name of person Exit Interview was held with Kevin. Nursing Supervisor (Name & Title)						
	Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep					
1	mmittee Members Present	- 1		Report completed by:		
Stephan Idhe, Maria Hines and Judy McD				JMcD		
	Number of Residents who received personal visits from committee members: 5					
Res	sident Rights Information i			t information is correct and clearly		
	☑ Yes ☐ No		posted.			
The	most recent survey was read		Staffing information is	•		
	✓ Yes ☐ No (Required for Nursing Homes		☐ Yes	⊠ No		
	Resident Prof	** MANAGEMENT AND	Comment	and Other Observations		
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1.	1. Do the residents appear neat, clean and					
-	odor free? Yes □ No					
2.	Did residents say they red	ceive assistance				
15000	with personal care activit					
	their teeth, combing their					
	dentures or cleaning their eyeglasses?					
	☐ Yes □ No	, 3				
3.	Did you see or hear reside	ents being				
	encouraged to participate in their care by					
staff members? ■ Yes □ No						
4. Were residents interacting w/ staff, other						
residents & visitors? ☑ Yes ☐ No						
5.	Did staff respond to or in	teract with				
	residents who had difficu	lty				
	communicating or making	g their needs				
	known verbally? 🔀 Ye	s 🗆 No				
6.	Did you observe restraint ☐ Yes ☒ No	s in use?				
7.	If so, did you ask staff ab	out the facility's				
/.	restraint policies?					
	restraint polities: Life	2 11/10				
1						

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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 	Very homey - single rooms, bookcases, etc.
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	In fact, it seemed almost too quiet!
12a. Where? ☐ Outside 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	Kudos: Staff was very protective of residents - friendly, but cautious abd cognizant of strangers 2 Staff. are addressing the needs of resident ginger ale, and turned OFF the radio at her request

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Arreas of Concern	Exit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.