

## Community Advisory Committee Quarterly/Annual Visitation Report

| County  | Facility Type:    | ☐ Family Care Home         | Facility Name                           |  |
|---|-------------------|----------------------------|---|--|
| Buncombe  |                   | ome Mursing Home           | Facility Name<br>NC State Veterans Home |  |
| Barroombe   | П C               |                            |   |  |
| Visit date<br>6/12/18   | Time Spent in Fa  | cility                     | Arrival Time                            |  |
|   |                   |                            | Am 2:20 PM                              |  |
| Name of person Exit Interview   | w was held with T | oni Holderman, Director    | of Admissions (Name & Title)            |  |
| Interview was held ☒ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☒ Other Staff Rep |                   |                            |   |  |
| Committee Members Present:<br>John Bernhardt, Diane Duermitt, Caryl F                         |                   |                            | Report completed by:<br>John Bernhardt  |  |
|   |                   |                            |   |  |
| Number of Residents who received personal visits from committee members: 5                    |                   |                            |   |  |
| Resident Rights Information is clearly visible.   |                   | Ombudsman contact          | information is correct and clearly      |  |
| ☑ Yes ☐ No  |                   | posted. 🛛 Yes              |   |  |
| The most recent survey was read   |                   | Staffing information is po | 1999                                    |  |
| ☑ Yes ☐ No (Required for Nursing Homes Only)  |                   | ➤ Yes                      | □ No                                    |  |
| Resident Prof   |                   | Comments a                 | and Other Observations                  |  |
|   |                   | An activity bus of k       | ids with the sheriff's citizen-         |  |
| 1. Do the residents appear r  | eat, clean and    | ship development           | orogram had just arrived.               |  |
| odor free? ☑ Yes ☐ No   | -                 | Most of the resider        | nts were in their rooms, as is          |  |
| 2. Did residents say they rec   | eive assistance   | usual, but the kids        | went into the rooms, talked             |  |
| with personal care activities, ex. brushing   |                   | with the residents,        | then played bingo with them.            |  |
| their teeth, combing their hair, inserting  |                   |                            | all clean and well tended to.           |  |
| dentures or cleaning their eyeglasses?  |                   | They had no comp           | laints. One is happy staying            |  |
|   |                   |                            | with only brief visits home.            |  |
| <ol><li>Did you see or hear residents being</li></ol>   |                   |                            | erned that his caregiver was            |  |
| encouraged to participate   |                   | folt the sere was a        | im to a rest home. Everyone             |  |
| staff members? ☐ Yes ☐ No   |                   | felt the care was ex       | cellent.                                |  |
| 4. Were residents interacting w/ staff, other   |                   |                            |   |  |
| residents & visitors? 🛛 Yes 🔲 No  |                   |                            |   |  |
| 5. Did staff respond to or interact with  |                   |                            |   |  |
| residents who had difficulty  |                   |                            |   |  |
| communicating or making their needs   |                   |                            |   |  |
| known verbally? ☐ Yes ☐ No  |                   |                            |   |  |
| 6. Did you observe restraints in use?   |                   |                            |   |  |
| ☐ Yes ☒ No  |                   |                            |   |  |
| 7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No               |                   |                            |   |  |
| restraint policies? Li 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 ☐ 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   | Everything was clean. It is so nicely furnished and spacious, residents in other facilities would not believe it. In each of the four wings there is a large comfortable common room plus another between the AD and BC wings. That BC room had a very large chess set, large bowling pins and large ring toss in addition to the large TV in each common room. However few resident are ever in these rooms, preferring their own rooms rather than mingling with other residents. In the secure dementia unit everyone is usually out in the common room with an activity but this time the activity was quiet hour listening to music |
| 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 | A Residents' Council meets every month on a schedule decided by the residents and normally attended only by residents, no staff or visitors unless invited. Residents also set the agenda, so is entirely run by the residents, independent of the administration.   |

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| Areas of Songern                              | 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 | as any changes observed during the visit.             |
| the next visit?                               |   |
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