

Community Advisory Committee Quarterly/Annual Visitation Report

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County Buncombe	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name WNC Baptist-Rickman
Visit Date 05/30/2018	Time Spent in Facility 1 hr 15 min	Arrival Time 9:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Chris Elmer <small>(Name & Title)</small>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC(Supervisor in Charge)
Committee Members Present: G. Knoefel, R. DuBrul		Report Completed by: Bob DuBrul
Number of Residents who received personal visits from committee members: 13		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Resident Profile	Comments & Other Observations	
<ol style="list-style-type: none"> 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 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. 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 checked="" type="checkbox"/>No 	<p style="text-align: center;">Residents in both sections were involved in activity.</p>	
Resident Living Accommodations	Comments & Other Observations	
<ol style="list-style-type: none"> 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 checked="" type="checkbox"/>Yes <input type="checkbox"/>No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & 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 	<p style="text-align: center;">Facility is very clean and uncluttered. Assisted living accommodations very comforting.</p> <p style="text-align: center;">One resident wanted a new walker, but upon investigation it was ascertained she could not support herself on one</p> <p style="text-align: center;">Call bells checked and in place.</p>	
Resident Services	Comments & Other Observations	
<ol style="list-style-type: none"> 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 Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/>Yes <input type="checkbox"/> No 	<p style="text-align: center;">\</p>	
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>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>	

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.