

## **Community Advisory Committee Quarterly/Annual Visitation Report**



| County  | Facility Type:   | ☐ Family Care Home         | Facility Name                      |  |
|---|------------------|----------------------------|------------------------------------|--|
| BUNCOUBE  | ☐ Adult Care Ho  | ome PNursing Home          | Mr. State Veterans                 |  |
|   | ☐ Combination    |                            | NURSING HOME                       |  |
| Visit date  | Time Spent in Fa | cility                     | Arrival Time                       |  |
| 10:30:208   | / Hr.            | Gen Min 15                 | Am 2:15 PM                         |  |
| Name of person Exit Interviev   | wwas held with ] | eri Wineland,              | RN (Name & Title)                  |  |
| Interview was held 12 In-Person   Phone   Admin   OSIC (Super               |                  |                            | or in Charge) DO Other Staff Rep   |  |
| Committee Members Present   | •                |                            | Report completed by:               |  |
| Caryl Richardson,   | ohn Bernham      | dt, Diane Deurmitt         | Caryl Richardson                   |  |
| Number of Residents who received personal visits from committee members! 16 |                  |                            |                                    |  |
| Resident Rights Information is clearly visible.                             |                  | Ombudsman contact          | information is correct and clearly |  |
| ☑Yes ☐ No   |                  | posted. Ne                 | s 🗀 No                             |  |
| The most recent survey was readily accessible.                              |                  | Staffing information is po |                                    |  |
| ☐ Yes ☐ No<br>(Required for Nursing Homes Only)                             |                  | <b>□</b> Yes               | □ No                               |  |
| Resident Prof   |                  | Commonts                   | and Other Observations             |  |
| Residentificati   | ic .             | Comments                   | and Other Observations             |  |
| 1. Do the residents appear neat, clean and                                  |                  |                            |                                    |  |
| odor free? Ves 🗆 No   |                  |                            |                                    |  |
| 2. Did residents say they receive assistance                                |                  |                            |                                    |  |
| with personal care activities, ex. brushing                                 |                  |                            |                                    |  |
| their teeth, combing their hair, inserting                                  |                  | П                          |                                    |  |
| dentures or cleaning their eyeglasses?                                      |                  |                            |                                    |  |
| ☑Yes ☐ No   |                  |                            |                                    |  |
| 3. Did you see or hear residents being                                      |                  |                            |                                    |  |
| encouraged to participate in their care by                                  |                  |                            |                                    |  |
| staff members? ☑ Yes ☐ No   |                  |                            |                                    |  |
| 4. Were residents interacting w/ staff, other                               |                  |                            |                                    |  |
| residents & visitors? EYes  |                  |                            |                                    |  |
| 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  |                  |                            |                                    |  |
|   |                  |                            |                                    |  |

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| Resident Living Accommodations  | Comments and Other Observations   |
|---|---|
| <ul> <li>8. Did residents describe their living environment as homelike? ☐ Yes ☐ No</li> <li>9. Did you notice unpleasant odors in</li> </ul> | Discusses   |
| commonly used areas? ☐ Yes ☑ No 10. Did you see items that could cause harm or be hazardous? ☐ Yes ☑ No                                       | In area C of facility. Discusses<br>at exit.  |
| <ul> <li>11. Did residents feel their living areas were too noisy? ☐ Yes ☐ No</li> <li>12. Does the facility accommodate smokers?</li> </ul>  |   |
| ☐ Yes ☐ No 12a. Where? ☐ Outside only ☐ Inside only ☐ Both Inside &   |   |
| Outside.  13. Were residents able to reach their call bells with ease?   14. Did staff answer call bells in a timely &                        | Resident A could not reach his<br>call bell. Write observed and<br>asked it this could be mentioned |
| courteous manner? Yes No  14a. If no, did you share this with the administrative staff? Yes No  | asked it this could be mentioned at exit; res cegrebel that his name could be used                  |
| 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   | e)  |
| 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   | 8   |
| 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? Pres No  |   |
| / '   |   |

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NC State Veterans Nursing Home

**Quarterly Visitation Report** 

October 30, 2018

This facility has a new administrator, Steve Sheets. Steve introduced himself to the team, however, the exit summary was conducted with Teri Wineland, RN, Director of Health Services.

The afternoon activity was noted as a resident Birthday Party being held in the dining room, but was not well attended (only 3 residents).

Voting information was posted and clearly visible for all

Dementia Unit: Several residents were in the common area eating cake, watching TV and working on puzzles. Staff were present and attentive.

The unit manager, Georgia, showed the team the new "Schnozzle Room" (the names comes from the Dutch work meaning to explore and relax – Snoezelen Room. This room and the therapies that it offers have been found to be helpful for use with dementia patients (as well as those with Autism). This room is a 'controlled, multi-sensory environment, containing fiber optic lighting, environmental sound machine and aroma therapy.' This room contains three recliners and a love seat. The recliners and much of the equipment has been donated by family members. Georgia is planning a grand opening of this room on November 14<sup>th</sup>.