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Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Rest Home Family Care <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home		^{VIEW} Autumn Harvest Unit 230 (1)	
Visit Date 04/12/18	Autumn View	Time Spent in Facility minutes 3	h r	Min 20	Pp : : : : : am pm
Person Exit Interview was held with No SIC or anyone of a supervisory capacity was available. We were told that the SIC was in the bathroom and couldn't hear us. This seems highly unlikely.			Interview was held		(x) In-Person or Phone (Circle)
Justina Muniz		SIC (Supervisor in Charge)	Other Staff: (Name & Title)		
Committee Members Present: Don Streb, Paula Garber, Julia Gibson as an observer			Report Completed by: Don Streb		
Number of Residents who received personal visits from committee members: 1 (only one home)					
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Resident Profile			Comments & Other		
Observations					
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					

Commented [1]:

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
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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
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4. Were residents interacting w/ staff, other residents & visitors?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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7. If so, did you ask staff about the facility's restraint policies?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Living Accommodations Observations

Comments & Other

Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Where? Outside only Inside only Both Inside and Outside.

Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

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
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
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were residents asked their preferences about meal &	<input type="checkbox"/>		<input type="checkbox"/>	

...nack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Are they given a choice about where they prefer to dine?

...o residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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...; there evidence of community involvement from the civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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...oes the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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 visits</p> <p>March activity calendar still posted.</p> <p>No support person, no SIC, No sign of anyone around. I could hear individuals in their room. Facility was clean and there was a bowl of fresh fruit available</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.

