

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Autumn View 232	
<input checked="" type="checkbox"/> Adult Care Home		<input checked="" type="checkbox"/> Family Care Home		3	
<input type="checkbox"/> Combination Home		<input type="checkbox"/> Nursing Home			
Visit Date 4/12/18	Autumn View	Time Spent in Facility minutes - 4	h r	min	20
Person Exit Interview was held with: Barbara Earley				Interview was held	(xIn-Person) or Phone (Circle)
SIC (Supervisor in Charge)		Other Staff: (Name & Title)			
Committee Members Present: Don Streb, Paula Garber, Julia Gibson was there as an observer				Report Completed by: Don Streb	
Number of Residents who received personal visits from committee members: 3					
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			<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Commented [1]:</div>		
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
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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 & beverage services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ack 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 visit?</p> <p>Accessible bathroom needs to be put in order and cleaned Storage closet by women's bath should be locked.</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.

