

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Alverta Bolick Home									
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home											
		Combination Home		Nursing Home											
Visit Date	2/15/17	Time Spent in Facility			hr	20	min	Arrival Time	10	:	40	<input checked="" type="checkbox"/>	am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with:								Interview was held		In-Person					
Stephany Effler, Administrator															
Adm	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)			Other Staff: (Name & Title)										
Committee Members Present: Brad Alexander, John Bernhardt, Susan Stuart								Report Completed by: John Bernhardt							

Number of Residents who received personal visits from committee members: 0

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. (Required for Nursing Homes Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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?	No residents were present since they go out all day every day to supervised programs. There are 6 male residents, ages 25-70. Admission is specifically for Intellectually Developmentally Disadvantaged persons who are able to participate in supportive programs. An experienced Medicaid nurse reviewing records at the time of the visit said the residents were clean, well cared for, in excellent condition. Later on a friendly visit to deliver volunteer contact information met two residents who were clean, seemed to feel quite at home, went to the refrigerator in the kitchen to make themselves a snack.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike?	
9. Did you notice unpleasant odors in commonly used areas?	

10. Did you see items that could cause harm or be hazardous?

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

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

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

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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16a. Can residents access their monthly needs funds at their convenience?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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As part of the Baptist Childrens Home there is much financial support, contributions and organizational assistance

Areas of Concern

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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.