

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Angel House G				
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home						
Buncombe		Combination Home		Nursing Home						
		Visit Date: 5/11/17		Time Spent in Facility:		hr	30	min	Arrival Time: 11 : 35 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Person Exit Interview was held with: Sonja Oliver						Interview was held		In-Person or Phone (Circle)		

<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	
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Committee Members Present: Wagenknecht; Latta; Adami	Report Completed by: Laura Wagenknecht
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Number of Residents who received personal visits from committee members: 4	
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 type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No Did not look.

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes 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? 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? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
Unknown
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

One resident complained of not taking a shower for 3-5 weeks. Residents overall looked disheveled.

Resident Living Accommodations

Comments & Other Observations

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? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Were residents able to reach their call bells with ease? Not Applicable	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner? Not Applicable If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Some rooms were messier than others. Beds were made.
One bathroom was home like, while another had a clean toilet paper roll laying in the trashcan.

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 checked="" type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 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? 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Today's activity of baking from 10 a.m. - 12 p.m. did not take place, but the SIC said the residents would do it in the afternoon.
Other than doctor's appointments, residents stated that there are no outside trips.

This is unknown - no clarity when residents asked

Unknown

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

Please check that activities are taking place each day.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

