

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Brookdale Overlook						
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home								
		<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home								
Visit Date 2/14/17	Time Spent in Facility hr 35 min				Arrival Time 10 : 40		<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm				
Person Exit Interview was held with: Chris Morrisette, Executive Director						Interview was held		In-Person or Phone (Circle) in person				
		SIC (Supervisor in Charge)		Other Staff: (Name & Title)								
Committee Members Present: Ann Butzner, Peggy Franc						Report Completed by: Peggy Franc						
Number of Residents who received personal visits from committee members: 2												
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile						Comments & Other Observations						
1. Do the residents appear neat, clean and odor free?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	See below See below				
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 type="checkbox"/>	Yes	<input type="checkbox"/>	No					
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					
4. Were residents interacting w/ staff, other residents & visitors?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
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					
6. Did you observe restraints in use?				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No					
7. If so, did you ask staff about the facility's restraint policies?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Resident Living Accommodations Observations						Comments & Other						
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				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No					

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

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

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

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

Resident Services	Comments & Other Observations
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15. 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
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16. 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
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16a. Can residents access their monthly needs funds at their convenience?

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

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

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

<input checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

One resident complained that his call bell is not answered promptly, especially at night. He also was in need of a haircut and of having his nails clipped. During the exit interview with Chris Morrissette, he immediately was able to identify the resident and indicated that this resident is trying to get moved to a different room with a different roommate. During our interview with this resident, in a common area,

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

we noticed a small white pill lying on the floor. The resident seemed unsure if it was his or not, so we first attempted to give it to a woman on the floor wearing a white coat with a stethoscope (nurse?) who just shrugged her shoulders and told us to give it to a med tech. We turned the pill over to the med tech on duty and reported the incident to Chris Morrissette during the exit interview.