

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:									
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	Candler Living Center									
		Combination Home		Nursing Home										
Visit Date	1/25/17	Time Spent in Facility		hr	30	min	Arrival Time	10	:	00	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm

Person Exit Interview was held with:	Interview was held	In-Person or Phone (Circle)
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Jimmy Singleton			
<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	

Committee Members Present: John Bernhardt Susan Stuart Brad Alexander	Report Completed by: Brad Alexander
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Number of Residents who received personal visits from committee members: 8

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
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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
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Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Some residents had difficulty with obtaining the snack that was served in the lunch room on a cart.</p> <p>One staff was observed greeting, addressing and offering to help residents.</p> <p>At the time of our visit the staffing ratio was more than adequate.</p>

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input checked="" 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 checked="" type="checkbox"/>	Yes	<input 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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input 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

The large television that was in the common area was broken by a resident (who no longer lives there) but was replaced with a much smaller TV that was difficult to see for some residents. SIC and staff report that a new one was being purchased.

No obvious unpleasant odors.

Repairs were being made to flooring, walls painted. Entry flooring not yet repaired.

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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Transportation to store provided once a month.

A snack was being served that some residents took part in.

A dietician from the grocery vendor develops menus.

A cash snack machine is available on-site but contained only one item and seemed to be in disrepair when a resident was unable to get it to accept money.

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.

Portion of flooring in disrepair. Some flooring was new.

Addressed flooring repair with SIC – it is being replaced in sections and the work has started with doors and trim being repaired and replaced.

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