

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Leicester Heights Family Care																	
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home																			
		Combination Home		Nursing Home																			
Visit Date	5/19/17	Time Spent in Facility				hr	15	min	Arrival Time		11	:	00		am	<input checked="" type="checkbox"/>	pm						
Person Exit Interview was held with: Laura Parker										Interview was held			In-Person										
Adm		SIC (Supervisor in Charge)		<input checked="" type="checkbox"/>	Other Staff: (Name & Title)			Uncertain															
Committee Members Present: Brad Alexander, John Bernhardt, Susan Stuart										Report Completed by: John Bernhardt													
Number of Residents who received personal visits from committee members: 3																							
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 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		Several residents have lived there many years and seem to be settled there as their home.														
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 type="checkbox"/>	Yes	<input type="checkbox"/>	No																
4. Were residents interacting w/ staff, other residents & visitors?				<input 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 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		Building old but nice. and nice property. Some bedrooms not straightend up for the day but the common areas were clean.														
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?

Yes No

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

Yes No

12. Does the facility accommodate smokers?

Yes No

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

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

Yes No

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

Yes No

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

Yes No

Resident Services

Comments & Other Observations

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

Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes No

16a. Can residents access their monthly needs funds at their convenience?

Yes No

17. Are residents asked their preferences about meal & snack choices?

Yes No

17a. Are they given a choice about where they prefer to dine?

Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes No

20. Does the Facility have a Resident's Council?

Yes No

One resident was having a cup of hot tea at 11 am. She said she likes that, doesn't want coffee.

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.