NO P

Community Advisory Committee Quarterly/Annual Visitation Report

County:			Faci	lity Type:	Facility Name:													
			Adult Care Home				Fam	nily C	are H	ome								
Buncombe		Combination Home				Nursing Home				NC State Veterans Nursing Home								
Visit Date	8/15/17		Faci	Spent in		1	ŀ	nr		min	Arrival Time	3	:	05		am	X	pm
Person Exit	Interview was	with:			-				Interview		was X		In-Person					
Justin Mc	orrison, Admin	for								held								
Adm	, , , , , , , , , , , , , , , , , , ,																	
Adm			SIC (Supervisor in Charge			0	the	r Staf	f: (Na	ame &	Title)							
Committee N	Members Prese	ohn B	rmit					Report Completed by:										
Number of R	esidents who	recei	ved pe	ersonal visits fr	om c	omn	nitto	a mo	mho	re: 2	J	ohn Ber	nhar	dt				
Resident Ric	hts Informatio	n is	clearly	Yes	No										1 17			
visible.						y pos		t informat	ion is co	orre	ct	Ye	es		No			
The most red accessible. Homes Only)	cent survey wa (Required for I	idily ng	Yes	No						is posted.	-			Ye	es _		No	
	Resident Prof										C	ommen	ts &	Othe	er Obs	erva	tion	s
1. Do the re	sidents appe	ar ne	eat, cle	ean and odor	X	Ye	S	N										
free?	(Resid	ents are	all vete	rans	s, A f	ew fe	emale	es,	a
2. Dia reside	ents say they	rece	eive as	sistance with						ew A	frican Am	ericans	s. C	uren	tly 97	bed	S O	ut
personal care activities, Ex. brushing their teeth,						Yes	Yes No list for ad					are occupied. There is a long waiting admission, about 200 on the priority						
combing their hair, inserting dentures or cleaning their eyeglasses?										ist ha	aumssic	on, abo	ut 2	00.0	n the	prior	ity	
		la a						ased on a number of criteria. The locked										
3. Did you see or hear residents being encouraged to participate in their care by staff members?						Yes	6	No	r	dementia unit is very much in demand. It rare opportunity and also very well run.							T IS	а
4. Were resi	dents interac	w/ sta	ff, other		Yes	X	No	,										
residents & v		٠,																
	espond to or iculty communiculty communiculty?			th residents making their	X	Yes		No										
6. Did you observe restraints in use?							X	No										
7. If so, did you ask staff about the facility's						Yes		No										
estraint police	cies?																	
	Resident Living Observations	g Acc	ommo	dations								Comm	ents	& O	ther			
Designation of the Property of	the state of the s	living	environment	X	Yes		No	R	eside	ents and f	acility s	are o	rlean	Fvo	rvon	0		
s homelike?		J. J							Residents and facility are clean. Everyone has a private room, bathroom, natural wood									
. Did you no	otice unpleasa	ant o	odors in commonly				No flooring, nice furnishing			is F	s Fach of the four							
sed areas?			,			X		w	inas l	nas a larg	ie room	i to	nath	er in	with	' T\/	,	
										351		, , , , , , , ,	0	gain	01 111,	AAILII	ıV	

					and tables to play games. Therapy includes a
10. Did you see items that could cause harm or		Yes		No	heated salt-water pool with a floor that can be
be hazardous?			X		raised or lowered as the resident needs.
11. Did residents feel their living areas were too	10%	Yes		No	Overall, the state made a great effort to
•		100		110	
noisy?	X	Yes	-	No	provide outstanding accomodations for its
12. Does the facility accommodate smokers?				140	veterans.
12a. Where? [X] Outside only [] Inside only	1] Bo	th		,
Inside and Outside.					•
13. Were residents able to reach their call bells	X	Yes		No	
with ease?					
14. Did staff answer call bells in a timely &	X	Yes		No	
courteous manner?				•	
14a. If no, did you share this with the		Yes		No	4 £
administrative staff?					
Resident Services					Comments & Other Observations
15. Were residents asked their preferences or					Many activities are scheduled (some going
opinions about the activities planned for them at	X	Yes		No	tomrrow to a baseball game) and each wing
the facility?					offers the opportunity for games and mixing.
16. Do residents have the opportunity to					However few participate in the activities,
purchase personal items of their choice using	disc.	Yes		No	games or socializing. They just stay in their
their monthly needs funds?					room with their TV. In service and at the VA
and the same of th					
16a. Can residents access their monthly needs		Yes		No	hospital the norm is being a team but here it's
funds at their convenience?		100		110	isolation. That is their choice and the facility
17. Are residents asked their preferences about	176.00	Voc		No	tries hard to involve them but it is not good for
meal & snack choices?		Yes		No	depression. The dementia unit however gets
17a. Are they given a choice about where they		Yes		No	everyone out of his room into the gathering
prefer to dine?					space. Individualized music therapy is being
18. Do residents have privacy in making and					used and helps with mood or behavioral
receiving phone calls?	X	Yes		No	problems.
19. Is there evidence of community involvement					
from other civic, volunteer or religious groups?	X	Yes		No	A visitor came whose father died two days
20. Does the Facility have a Resident's Council?	X	Yes		No	ago. When we said we were sorry, he said
20. Bood the Facility have a Rechark o Council.					the good thing was that his father was there.
					It had been wonderful for him being there.
Areas of Concern					Exit Summary
					Discuss items from "Areas of Concern"
					Section as well as any changes observed
					during the visit.
					ading the field
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This Document is a **PUBLIC RECORD**. <u>Do not identify any Resident(s) by name or inference on this form.</u>

<u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.