

Community Advisory Committee Quarterly/Annual Visitation Report

am

County: Buncombe	Facility Type:		Facility Name:			
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Windwood Rest Home			
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home				
Visit Date: 5/18/2017	Time Spent in Facility		hr	10	min	Arrival Time
					2	: 10 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm

Person Exit Interview was held with: Lisa Suttles, SIC Interview was held In-Person X

Adm	SIC (Supervisor in Charge) Lisa Suttles	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, Brad Alexander, Susan Stuart Report Completed by: Susan Stuart

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Yes No Staffing information is posted. Yes 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
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 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 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? Yes No

Resident Living Accommodations Observations **Comments & Other**

8. Did residents describe their living environment as homelike? Yes No

9. Did you notice unpleasant odors in commonly used areas? Yes 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

Areas of Concern

Exit Summary

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

As in the past, this Adult Care Home is very clean and neat. The residents we spoke with were generally satisfied, although one man is having difficulty getting usable reading glasses.