

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:	
	Adult Care Home <input checked="" type="checkbox"/>	Family Care Home	Woodland Terrace 2	
	Combination Home	Nursing Home		
Visit Date 6/16/17	Time Spent in Facility		hr 10	min
		Arrival Time	10	: 7 am
Person Exit Interview was held with: Xavier Morales, SIC			Interview was held	In-Person <input checked="" type="checkbox"/>

Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, Susan Stuart	Report Completed by: Susan Stuart
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Number of Residents who received personal visits from committee members:

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

Resident Living Accommodations	Comments & Other	
Observations		
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 used areas?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the facility accommodate smokers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.		
13. Were residents able to reach their call bells with ease?	<input 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
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Resident Services</b>	<b>Comments &amp; Other Observations</b>
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Areas of Concern</b>	<b>Exit Summary</b>
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<p>Only one resident was present when we visited. He expressed satisfaction with facility, including the food.</p> <p>The other 5 male residents were at their usual day activity, apparently at Mountain House, which also provides their transportation. Mr. Morales said the 5 men go there 3 days per week.</p> <p>The facility was immaculately clean and pleasant.</p>	<p>Discuss items from "<b>Areas of Concern</b>" Section as well as any changes observe during the visit.</p>
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