

Community Advisory Committee Quarterly /Annual Visitation Report

County: Buncombe	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home			Facility Name Woodland Terrace #3 6/6 30 ⁺ , 3 ⁺ AGES 26-50's		
	<input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home					
Visit Date 6/19/17	Time Spent in Facility 0 H 20 min	Arrival Time 12 : 10 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm				

Person Exit Interview was held with: Archie Davis **Interview was held** In-Person or circle)

<i>Archie</i>	SIC(Supervisor in Charge)	Other Staff: (Name & Title) <i>Beverly (out getting money)</i>
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Committee Members Present: MARSHA Sefron + SHARON White **Report Completed by:**
SHARON White

Number of Residents who received personal visits from committee members: -2-

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 type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observation
<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, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <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 checked="" 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><input checked="" type="checkbox"/> If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Some Residents were outside smoking walking around & or visiting with other residents in various buildings & or on porches.</i></p>

Resident Living Accommodations				Comments & Other Observations		
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>But outside were several areas that looked very messy/junky</p> <p>NOT observed</p>	
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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No		
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? If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Resident Services				Comments & Other Observations		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		<p>We're OK with it all PLANS NOT displayed TELL we give them what we need</p> <p>The food's OK</p>
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		
	<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	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	<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 type="checkbox"/>	No		
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		