

Community Advisory Committee Quarterly/Annual Visitation Report

County BUNCOMBE	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: WOODS LAND TERRACE #4
Visit Date 6/27/18	Time Spent in Facility hr 15 min	Arrival Time 11:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with CHRISTY REECE	Phone Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/>

Rep: **CHRISTY REECE** (Name & Title)

Committee Members Present: **SHARON WHITE, MARSHIA SAFIAN** Report Completed by: **MARSHIA SAFIAN**

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

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Required for Nursing Homes Only</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

Comments & Other Observations

Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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
Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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
Did you observe restraints in use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If <input type="checkbox"/> did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Residents said that they required no personal care
Residents said they were not happy in this home

Resident Living Accommodations

Comments & Other Observations

Did residents describe their living environment as homelike?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
0. Did you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Did residents feel their living areas were too noisy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does the facility accommodate smokers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
3. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. If no, did you share this with the administrative staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LAUNDRY ROOM NOT LOCKED
Residents complained there is nothing to do all day.
NOT OBSERVED

Resident Services

Comments & Other Observations

5. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there evidence of community involvement from other civic, cultural or religious groups?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NO ACTIVITY CALENDAR
ONCE A MONTH
Residents complained N/A they never are taken anywhere off the mountain. SIC said starting next month she will take them shopping.

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.