

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: WOODLAND TERRACE #6
Visit Date 6/27/18	Time Spent in Facility hr 15 min	Arrival Time 12:15 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with		Interview was held <input checked="" type="checkbox"/> In-Person
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff

Supervisor: **PATRICK HUGGINS** (Name & Title)

Committee Members Present: **SHARON WHITE, MARSHA SAFIYA** Report Completed by: **MARSHA SAFIYA**

Number of Residents who received personal visits from committee members: **4**

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
<ul style="list-style-type: none"> . 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 checked="" 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 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 	<p>The residents said they were happy in the home.</p> <p style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;">NOT OBSERVED</p>

Resident Living Accommodations	Comments & Other Observations
<ul style="list-style-type: none"> . Did residents describe their living environment as homelike? <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 	<p>Even though a resident in the other home was screaming + crying on the residents said it usually is quiet + that there were beautiful views of the MOUNTAINS</p> <p style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;">NOT OBSERVED</p>

Resident Services	Comments & Other Observations
<ul style="list-style-type: none"> 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 type="checkbox"/> Yes <input type="checkbox"/> No 8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Is there evidence of community involvement from other civic, professional or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<p>Residents said the food was good.</p> <p style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;">ONCE A MONTH</p> No activity <p>Calen Jan.</p> <p style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;">N/A</p>

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.

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

6 RESIDENTS
0 VACANCIES
ALL MALE

AGES 29-60

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