

08

## Community Advisory Committee Quarterly /Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Facility Name</b>											
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			<b>BROOKDALE OVERLOOK</b>											
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home														
<b>Visit Date</b> 6/24/2019	<b>Time Spent in Facility</b>			0	H	r	20	min	<b>Arrival Time</b>		10	:	25	X	a	m	pm
<b>Person Exit Interview was held with:</b> ROBERTA LLOYD Exec Dir   Tonya Middleton RN   Whitney Mawes Activities										<b>Interview was held</b>		<input checked="" type="checkbox"/> <b>In-Person or xxx circle)</b>					
				<b>SIC(Supervisor in Charge)</b>				<b>Other Staff: (Name &amp; Title)</b>									
<b>Committee Members Present:</b> JERI HAHNER   MARSHA SAFIAN   SHARON WHITE										<b>Report Completed by</b> JERI HAHNER							

**Number of Residents who received personal visits from committee members: SIX Very positive responses**

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Ombudsman contact information is correct and clearly posted.</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Staffing information is posted. Did not observe</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile					Comments & Other Observation
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>45 RESIDENTS 8 MEN 37 WOMEN 44 in house – 1 in Rehab Ages range from 62-98.</p> <p>30-35 NEED ENHANCED CARE (some is just observation during showers for support). Laundry is done for all residents except one. The family takes care of it.</p> <p>We saw a few in the lobby conversing, reading the paper or being with other people. The Beauty Salon had a client.</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	
3. 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	
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 checked="" 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	THE SANITATION RATING WAS 99.0  VERY HOMELIKE ENVIRONMENT WITH PICTURES AND FURNISHINGS.
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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.		Yes		No	
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	STAFF IS AVAILABLE 24/7. CALL BELLS ARE MONITORED AT THE NURSING STATION.
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<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	VERY ACTIVE RESIDENT'S COUNCIL WITH A LOT OF PARTICIPATION.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	4 RESIDENTS HAVE MONEY HANDLED IN HOUSE
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	ALL THE REST OF THE FAMILIES MANAGE THE MONEY FOR THE RESIDENT.
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	THE ACTIVITY CALENDAR HAD A VARIETY OF CHOICES FOR ACTIVITIES DURING THE DAY.
Are they given a choice about where they prefer to dine?	<input checked="" 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	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**Areas of Concern**

**Exit Summary**

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.

THIS IS A VERY PLEASANT FACILITY.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

