

1/10

CA

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Buncombe</i>	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Brookdale (#2) 44 Residents - 80</i> <i>65-102 (Ages) overlook</i>
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Visit Date <i>3-8-19</i>	Time Spent in Facility hr <i>40</i> min	Arrival Time <i>10:45</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep	<i>Roberta Lloyd, EXEC DIR</i> (Name & Title)	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
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Committee Members Present: <i>Jeri Hieber</i> <i>Marsha Sjian</i> <i>SHARON WHITE</i>	Report Completed by: <i>Sharon</i>
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Number of Residents who received personal visits from committee members: <i>8</i>

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 (Required for Nursing Homes Only)	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? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

Comments & Other Observations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside & Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

12-1 believe so, but wasn't seen.
14 - wasn't witnessed

Resident Services

Comments & Other Observations

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the facility have a Resident's Council? Yes No
Family Council? Yes No

19. Singing group(s) come & perform

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? *No, the staff/facility is wonderful. Attitudes friendly & positive. Setting*

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

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.