

CA

Community Advisory Committee Quarterly / Annual Visitation Report

County: Buncombe		Facility Type:			Facility Name <i>Heather Glen / Ardewood</i>				
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home					
		<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home					
Visit Date <i>6/24/19</i>	<i>June 24, 2019</i>	Time Spent in Facility <i>15 ea Volunteer going diff ways)</i>	0	H	<u>15</u>	min	Arrival Time <i>10 : 55</i>	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Person Exit Interview was held with: <i>Pam Slater, Administrator</i>							Interview was held	<input checked="" type="checkbox"/> In-Person or <input type="checkbox"/> xxx (circle)	

<i>Pam Slater</i>	SIC(Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: <i>Jeri Hahner Marsha Safian Sharon White</i>	Report Completed by: <i>Sharon White</i>
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Number of Residents who received personal visits from committee members: <u>11</u>			
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
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

Comments & Other Observation

1. Do the residents appear neat, clean and odor free? Yes No
2. 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
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
(wasn't witnessed)
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Many of the Residents were sitting & visiting in front area & staff pleasant.

An outing was about to leave per 'Bus' to Eat.

Everyone working there was pleasant, helpful & smiling

Resident Living Accommodations

Comments & Other Observations

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

It's a "No Smoking" facility

*Residents have "pendants" they wear + use as Call Bells
not observed while there*

Resident Services

Comments & Other Observations

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 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? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

Menus & Daily Menus are posted in 2 areas. Additional food choices available on menu.

Their Activity Poster shows A lot of Community Involvement & when Asked Staff Acknowledged involvement

Areas of Concern

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

No Issues Noticed
Setting Inside & Out is beautiful

Exit Summary

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

8 male pts / 38 women (46)

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

