



# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b> <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home				<b>Facility Name:</b> Windwood						
<b>Visit Date</b> 02/26/19	<b>Time Spent in Facility</b>			hr	15	min	<b>Arrival Time</b>	2	:	50	am	<input checked="" type="checkbox"/> pm

**Person Exit Interview was held with:** \_\_\_\_\_ **Interview was held**  **In-Person or Phone (Circle)**

**Barbara Roobinson**

<input checked="" type="checkbox"/> <b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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**Committee Members Present:** Bob Tomasulo & Judy Dewitt      **Report Completed by:** Bob Tomasulo

**Number of Residents who received personal visits from committee members:** 3

**Resident Rights Information is clearly visible.**  Y  N      **Ombudsman contact information is correct and clearly posted.**  Yes  No

**The most recent survey was readily accessible. (Required for Nursing Homes Only)**  Y  N      **Staffing information is posted.**  Yes  No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Only 3 residents were there at time of visit
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 type="checkbox"/> Yes <input checked="" 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	
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.					
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. Did staff answer call bells in a timely & courteous manner?	<input 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	
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	
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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.

Facility was clean and residents had no complaints.

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

