

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>BUNCOMBE</u>	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Adult Care Home</td> <td><input checked="" type="checkbox"/></td> <td>Family Care Home</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Combination Home</td> <td><input type="checkbox"/></td> <td>Nursing Home</td> <td><input type="checkbox"/></td> </tr> </table>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Facility Name: <u>ANGEL HOUSE C-7</u>
Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	<input type="checkbox"/>							
Combination Home	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>							
Visit Date: <u>3/24/15</u>	Time Spent in Facility: <u>20</u> hr <u>00</u> min	Arrival Time: <u>1</u> : <u>40</u> am <input checked="" type="checkbox"/> pm								
Name of Person Exit Interview was held with: <u>LISA O'KELLY</u>		Interview was held: <input checked="" type="checkbox"/> In-Person								
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff <input type="checkbox"/>	Report Completed by: <u>MARSHA SAFIAN</u>									
Number of Residents who received personal visits from committee members: <u>3</u>										

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
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>Residents said they were treated well. No complaints.</i></p> <p><i>NOT OBSERVED</i></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 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	<p><i>Home is neat + clean + residents said it was comfortable.</i></p> <p><i>NOT OBSERVED</i></p>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. 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	
14a. 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	<p><i>Residents said food was good.</i></p> <p><i>ONCE A MONTH</i></p>
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	
16a. 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	
17a. 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 type="checkbox"/> Yes <input checked="" 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 next visit?

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.

DHHS DOA-022/2004

6 RESIDENTS
NO VACANCIES
ALL MALE
AGES 37-84

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.

DHHS DOA-022/2004