

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:		Facility Name: <u>Asador Terrace</u>	
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home
Visit Date: <u>8-22-14</u>	Time Spent in Facility: <u>2</u> hr <u>30</u> min	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home
		Arrival Time: <u>10</u> : <u>40</u> : <u>1</u> am <u>pm</u>	
Name of Person Exit Interview was held with: <u>RECEPTIONIST</u>		Interview was held: <input checked="" type="checkbox"/> In-Person	
Name: <u>Susan Peeg</u>		Phone: _____	
Title: Check Box <input checked="" type="checkbox"/> Admn.	<input type="checkbox"/> SIC (Supervisor in Charge)	<input checked="" type="checkbox"/> Other staff	
Committee Members Present: <u>Bob Tomarsulo, Kathleen Tate</u>		Report Completed by: <u>KATHLEEN TATE</u>	
Number of Residents who received personal visits from committee members: <u>2</u>			

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No
(Required for Nursing Homes Only)

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	<p><u>RECEIVED RAVE REVIEWS BEFORE WE EVEN ENTERED. PAST RESIDENT & CURRENT RESIDENT SAY PRAISES OF STAFF, FOOD, & CARE</u></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	<p><u>forgot to ask @ smoking policy</u></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 type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input 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 checked="" 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><u>Residents in locked unit were actively engaged & neatly dressed</u></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 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 next visit?

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

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