

Community Advisory Committee Quarterly/Annual Visitation Report

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| County BUNCOMBE | Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Family Care Home <input type="checkbox"/> Nursing Home | Facility Name: CANDLER LIVING |
| Visit Date 12 / 9 / 14 | Time Spent in Facility hr 30 min | Arrival Time 12 : 25 | am <input type="checkbox"/> pm <input checked="" type="checkbox"/> |
| Name of Person Exit Interview was held with | | Interview was held <input checked="" type="checkbox"/> In-Person | |
| Phone | Admn. <input checked="" type="checkbox"/> | SIC (Supervisor in Charge) | |

Rep: **JIMMY SINGLETON** (Name & Title)

Committee Members Present: **MARSHA SAFIAN** **PEGGY BIERER** Report Completed by: **MARSHA SAFIAN**

Number of Residents who received personal visits from committee members: **5**

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 | <i>The residents looked clean + they were happy with Candler Living.</i> |
| 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 checked="" 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 checked="" 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 | <i>Candler Living was the cleanest it ever has been. Bathrooms were clean + floors were not wet.</i> |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <i>ONCE A MONTH</i> |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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.

Areas of Concern

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

Exit Summary

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

29 RESIDENTS
 0 VACANCIES
 15 MALES
 14 FEMALES
 AGES 40 - 70

Condo Living was better than it used to be. It was cleaner, residents were happy with the food, happy with the home. It was decorated for Christmas. The laundry room was locked. The kitchen was clean. There were no complaints.