

**COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT**

County <i>BUNCOMBE</i>		Date <i>9/9/15</i>	Facility Name <i>CANDLER LIVING</i>	
Number of Residents Visited: <i>2</i>		Length of Visit: <i>35</i> hour <i>35</i> min		Facility Type
Report Completed by: <i>MARSHA SAFIYU SPIKE GRAM</i>				<input checked="" type="checkbox"/> Adult Care Home (ACH)
Other Members Present: <i>BRAD ALEXANDER</i>				<input type="checkbox"/> Family Care Home (FCH)
Exit Review Conducted With: <i>RAIZYNA CAMARENA</i>		Title: <i>SIC</i>		<input type="checkbox"/> Nursing Home (NF)
Posted	Residents Rights	Ombudsman Contact	Staffing Information	Survey Results (NH only)
Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
No				
				RLTCO Office Use Only:
				<input type="checkbox"/> Reviewed
				<input type="checkbox"/> Entered in ODIS
				<input type="checkbox"/> cc: Facility
				<input type="checkbox"/> cc: DSS (ACH only)

WHAT RESIDENTS REPORT DURING INTERVIEW	YES	NO	ADDITIONAL INFORMATION
Are you aware you have rights as a resident here?	<input checked="" type="checkbox"/>		
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?			" AT TIMES - ONE PERSON ACTS UNFRIENDLY "
Are you able to make complaints/suggestions without fear of retaliation?	<input checked="" type="checkbox"/>		
Are you free from mental and physical abuse?	<input checked="" type="checkbox"/>		" A RESIDENT ONCE HIT ME "
Do you know what to do if you are mistreated here?			" I WOULD AVOID THEM "
Is your personal/medical information kept confidential?	<input checked="" type="checkbox"/>		" I LIKE FOR IT TO BE PRIVATE "
Are you asked for input with planned activities?		<input checked="" type="checkbox"/>	" SOMETIMES I PLAY BINGO "
Do you enjoy the activities offered by the facility?	<input checked="" type="checkbox"/>		
Is your personal care provided in a way you like?	<input checked="" type="checkbox"/>		" BUT 2 PEOPLE DON'T TAKE CARE <sup>GOOD</sup> "
Do you receive a response to your requests?		<input checked="" type="checkbox"/>	" I ASKED FOR A FAN OR AIR CONDITIONING NOT DONE "
Can you access your personal needs funds when requested? If no, why?		<input checked="" type="checkbox"/>	" I DON'T KNOW IT'S IN THE BANK. "
Does the home encourage personalization of your room?	<input checked="" type="checkbox"/>		
Do you feel safe and secure here?		<input checked="" type="checkbox"/>	" NOT SOMETIMES " WHEN CERTAIN PEOPLE ARE HERE "
Do you feel the home is too noisy? If so, when and where?	<input checked="" type="checkbox"/>		
Are you permitted to smoke here? If so, are you aware of the smoking policy?	<input checked="" type="checkbox"/>		" TODAY A RESIDENT WAS CAUGHT SMOKING INSIDE "
Can you reach the call bell?			" NO CALL BELLS "
Does staff answer your call bell timely?			N/A
Do they ask what you prefer to eat?		<input checked="" type="checkbox"/>	
Do you get to <sup>sit</sup> eat where you like during meals?	<input checked="" type="checkbox"/>		

WHAT CAC MEMBERS OBSERVE	Yes	No	OBSERVATIONS
Residents appear neat, clean and odor free?		<input checked="" type="checkbox"/>	
Residents are up and out of bed/room and socializing?	<input checked="" type="checkbox"/>		ABOUT 50%
Staff interact respectfully with residents who have difficulty communicating or making needs known.		<input checked="" type="checkbox"/>	NOT OBSERVED
Call bells/lights appear to be accessible and answered timely.			DON'T EXIST
Staff support residents' right to privacy and dignity.			NOT OBSERVED

**AREAS OF CONCERN**

**EXIT REVIEW SUMMARY**

Summarize exit review. Note issues requiring follow-up.

ISSUES:

29 RESIDENTS

19 MALES

10 FEMALES

AGES 20'S - 60'S

FOLLOW-UP DATE

BY WHOM

1. CANDLER WAS DIRTIER &  
SMELLIER THAN IT HAS  
BEEN.

2 FIRE EXTINGUISHERS WERE  
DUE TO BE INSPECTED IN  
JULY.