9/521

Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type -		Facility Name:
BUNCOMBE	[ ] Adult Care Home [ ] Combination Home	[✓] Family Care Home [ ] Nursing Home	DEAVERVIEW HEIGHTS FAMILY CARE HOME

Visit Date: 4 / 14 / 14 | Time Spent in Facility: hr 20 min | Arrival Time: 2 : 18 am [✓] pm

Name of Person Exit Interview was held with: | Interview was held: [✓] In-Person

[ ] Phone [ ] Admn. [✓] SIC (Supervisor in Charge) [ ] Other staff

Rep: OTISHA CHANDLER (Name & Title)

Committee Members Present: MARSHA SAFIAN, SPIKE GRAM

Report Completed by: MARSHA SAFIAN

Number of Residents who received personal visits from committee members:

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. *(Required for Nursing Homes Only)* [ ] Yes [ ] No

Staffing information is posted. [✓] Yes [ ] No

Resident Profile

	Yes	No
1. Do the residents appear neat, clean and odor free?	✓	
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	✓	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	✓	
4. Were residents interacting w/ staff, other residents & visitors?	✓	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	✓	
6. Did you observe restraints in use?		✓
7. [illegible], did you ask staff about the facility's restraint policies?		

Comments & Other Observations

Most residents are older + require personal care + they are accomodated by the staff.

Resident Living Accommodations

	Yes	No
8. Did residents describe their living environment as homelike?	✓	
9. Did you notice unpleasant odors in commonly used areas?		✓
10. Did you see items that could cause harm or be hazardous?		
11. Did residents feel their living areas were too noisy?		✓
12. Does the facility accommodate smokers?	✓	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.		
13. Were residents able to reach their call bells with ease?	✓	
14. Did staff answer call bells in a timely & courteous manner?		
14a. If no, did you share this with the administrative staff?		

Comments & Other Observations

LAUNDRY DOOR WAS UNLOCKED

Residents said it was a comfortable home + the food was good.

NOT OBSERVED

Resident Services

	Yes	No
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	✓	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	✓	
16a. Can residents access their monthly needs funds at their convenience?	✓	
17. Are residents asked their preferences about meal & snack choices?	✓	
17a. Are they given a choice about where they prefer to dine?		
18. Do residents have privacy in making and receiving phone calls?	✓	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	✓	
20. Does the Facility have a Resident's Council?		✓

Comments & Other Observations

The residents are able to walk to the stores. ONCE A MONTH If they require a ride they can go about twice a week. accompanied by the SIC.

N/A

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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.
The Laundry Room door was closed but not locked.	

5 RESIDENTS

1 VACANCY

4 MALES

1 FEMALE

AGES 40 - 80

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