Community Advisory Committee Quarterly/Annual Visitation Report

County: BUNCOMBE	Facility Type: Adult Care Home [ ] Family Care Home [✓] Combination Home [ ] Nursing Home [ ]	Facility Name: DEAVERVIEW HEIGHTS FCH
Visit Date: 4/16/15	Time Spent in Facility: [ ] hr 20 min	Arrival Time: 1 : 30 am [✓] pm
Name of Person Exit Interview was held with:		Interview was held: In-Person [✓]
Name: PATRICIA MOERING		Phone:
Title: Check Box [ ] Admn. [✓] SIC (Supervisor in Charge) [ ] Other staff		
Committee Members Present: SPIKE GRAM, MARSHA SAFIAN		Report Completed by: MARSHA SAFIAN

Number of Residents who received personal visits from committee members: 4

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			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No	Most residents are older + require some personal care. One resident is on a liquid diet. One resident is in 2 programs - family Preservation + Mountain time
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	[✓] Yes	[ ] No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[✓] Yes	[ ] No	
4. Were residents interacting w/ staff, other residents & visitors?	[✓] Yes	[ ] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[✓] Yes	[ ] No	
6. Did you observe restraints in use?	[ ] Yes	[✓] No	
7. If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	[✓] Yes	[ ] No	Residents said home was comfortable + the food was good.
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No	
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No	
11. Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No	
12. Does the facility accommodate smokers?	[✓] Yes	[ ] No	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No	
14. Did staff answer call bells in a timely & courteous manner?	[ ] Yes	[ ] No	NOT OBSERVED
14a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

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

Areas of Concern	Exit Summary
re there resident issues or topics that need follow-up or review at a later time or during e next visit?	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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6 RESIDENTS
NO VACANCIES
5 MALES
1 FEMALE
AGES 42 - 89

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