

Community Advisory Committee Quarterly/Annual Visitation Report

County: BUNCOMBE	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: Falduiew FCH # 2
Visit Date: 3/19/14	Time Spent in Facility: _____ hr _____ min	Arrival Time: 11:01 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: _____		Interview was held: <input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Phone

Name: TERESA A NEW	Phone: _____
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff	

Committee Members Present: Delbert / GARDNER	Report Completed by: Delbert
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Number of Residents who received personal visits from committee members: **2**

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. Gave new sheet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. None posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	1 Resident Room had terrible body odor. Spoke to resident but could not go into room due to odor
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input 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 type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. _____, 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	Very Dark
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 type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input 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 type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
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 type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input 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, v _____ 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 type="checkbox"/> No	

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.

~~Could use~~ se

Medicine Cabinet loose on wall but locked. Shirley Creech stated that we pulled cabinet off wall. We did not

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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