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7.28

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Buncombe</i>	Facility Type -		Family Care Home		Facility Name: <i>Golden Brook</i>	
	<input checked="" type="checkbox"/> Adult Care Home		Nursing Home			
	Combination Home					
Visit Date <i>07 09 14</i>	Time Spent in Facility		hr <i>30</i>	min	Arrival Time	<i>9 : 45</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Brenda, SIC</i>			Interview was held		<input checked="" type="checkbox"/> In-Person	
Phone	Admn.	SIC (Supervisor in Charge)	Other staff			

Rep *285-8726 The Mitchells* (Name & Title) *Owners / Administrators*

Committee Members Present: *Judy Olevnik* *Jeri Hahner* Report Completed by: *Judy Olevnik*

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  
*we posted updated information*

The most recent survey was readily accessible.  Yes  No      Staffing information is posted.  Yes  No  
*(Required for Nursing Homes Only)*

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>1 male, 3 female residents Ages 52-94 Did not observe, but was told one resident requires help with everything but dressing + eating.</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 type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <i>not observed</i> <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. If 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 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>Home is neat and clean. Each room has private bath.  Residents wear call buttons around their necks for access to help wherever they are.</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 checked="" 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	<i>Activities calendar was not up to date  Meals are planned - two diabetic Residents eat together at table. Plenty of food on hand. Did not see any snacks out. Lunch being prepared smelled and looked delicious.</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 type="checkbox"/> Yes <input type="checkbox"/> No	
18a. Is there evidence of community involvement from other civic, volunteer or religious groups? <i>not observed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <i>?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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.