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# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Buncombe</i>		Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home		Family Care Home Nursing Home		Facility Name: <i>Heart and Hearth</i>	
Visit Date <i>07 09 14</i>	Time Spent in Facility hr <i>30</i> min		Arrival Time <i>10 : 45</i>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm			
Name of Person Exit Interview was held with <i>Cheryl, SIC</i>				Interview was held <input checked="" type="checkbox"/> In-Person			
Phone <i>683-9441</i>	<input checked="" type="checkbox"/> Admn.	SIC (Supervisor in Charge)	Other staff <i>Michelle - shares with Cheryl - two days on and two days off</i>				
Rep <i>Steve and Melissa Raggles, owners</i>		(Name & Title)			Report Completed by: <i>Judy Olewnik</i>		
Committee Members Present: <i>Judy Olewnik and Jeri Hahner</i>							
Number of Residents who received personal visits from committee members:							
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>we posted updated information</i>			
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. <input type="checkbox"/> Yes <input 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	<i>2 males, 3 females, ages 64 to 99  interacted with two residents who were neat and clean and appeared very content.</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? <i>not observed</i> <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? <i>not observed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do 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>This is truly a lovely home, very neat and clean inside, nice setting with gardens outside. Rooms are large, bright and cheery.</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? <i>no smokers seen</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Steve &amp; Melissa often play piano and guitar for sing alongs with residents. Plenty of books and games available. Steve drives one resident to ceramics class each week. Meals are planned and serve all organic food from Earth Fare or Trader Joe's. One diabetic. Ample food on hand.</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? <i>not observed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" 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.