

22

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Buncombe</i>	Facility Type -		Family Care Home		Facility Name:	
	<input checked="" type="checkbox"/> Adult Care Home		Nursing Home		<i>Hornig Valley</i>	
	Combination Home					
Visit Date <i>2/23/14</i>	Time Spent in Facility <i>1 hr 30 min</i>		Arrival Time <i>11:30</i>	<i>(am)</i>		
Name of Person Exit Interview was held with <i>Mary Hagan</i>			Interview was held <input checked="" type="checkbox"/> In-Person			
Phone	Admn.	SIC (Supervisor in Charge) <input checked="" type="checkbox"/>	Other staff <i>Phone 667 0159</i>			
Rep <i>med Tech SIC Mary Hagan</i>	(Name & Title)					

Committee Members Present: *Peggy Brier, Mary Adami* Report Completed by: *P Brier*

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.  Yes  No Staffing information is posted. *advised to do*  Yes  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>30 bed 23 residents M&amp;F help bath 3x week</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 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 checked="" 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. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Also, 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>pt shampoo left in shower room. Some call bells but not working</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 type="checkbox"/> Outside only <input checked="" 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 checked="" 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 checked="" 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>Rose - 5 x week has activity system &amp; records. no transport except singl substitutes available but no food being same all the time some church activity unknown.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.  
 Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

**Areas of Concern**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

**Exit Summary**

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.

not enough  
non perishable food  
for 5 days.  
new cook. 1<sup>st</sup> day.

advised SIC to lock up shampoo.  
all beds neatly made, rooms neat  
& residents up & out of bed.

advised to make a sign of  
posted meals per day.

advised to post staffing.