

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b>				<b>Facility Name:</b>							
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			<b>Hominy Valley Retirement Center</b>							
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home											
<b>Visit Date</b> 2/24/2016	<b>Time Spent in Facility</b>			hr	55	min	<b>Arrival Time</b>	9	:	55	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
<b>Person Exit Interview was held with:</b> Mary Hagan (SIC and Med Tech)							<b>Interview was held</b>		<b>In-Person or Phone (Circle)</b>			

	<b>SIC (Supervisor in Charge)</b> Mary Hagan	<b>Other Staff: (Name &amp; Title)</b> Jimmy Singleton (Operating Administrator) and Rose Whitted (activities dir.)
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<b>Committee Members Present:</b> Judy Olevnik, Jeri Hahner, Sharon White	<b>Report Completed by:</b> Judy Olevnik
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**Number of Residents who received personal visits from committee members: 8**

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 Residents: half male, half female. Age range: late 30s to 95.  22 require some kind of personal assistance  Did not observe  We tried to converse with 2 residents, who had great difficulty talking so we could not understand what was being said. It wasn't clear if the staff member who was nearby could understand.
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? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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? If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

One resident does not like the place at all and wishes to leave. There was a complaint that the hall is noisy at night. We spoke to three residents who complained about the food that is served cold and not enough of it. And, they are not offered seconds. Breakfast is either eggs/bacon/ toast or oatmeal; no cold cereal is available as another choice.

Outside of meal time coffee is available only when asked for at the kitchen or payed for out of a machine. Residents would like coffee available at will all day.

A janitor was mopping the hall and left a couple puddles of water. When this was pointed out, he put a caution cone on one.

Cow bells are used as call bells. Did not observe anyone using the cow bells.

**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? Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	<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

The activities calendar was very sparse. We were told few residents participate anyway. Maybe they need some better options.

Several VHS tapes were donated to the facility recently, but the day we were there they still did not have a VHS player to show the movies. Jimmy promised to get one from another facility.

Menus are planned. Everyone eats in the dining room. There are 2 seatings; the first is for those residents who need special help.

Every Monday a fellow from the community comes by and gives each resident two bananas and a 50 cent piece. His visit is eagerly awaited by the residents.

There is a church group that visits on Tuesdays and Sundays.

**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.

We were at the facility just at the beginning of snack time, around 10:00am. The tables in the lunch room had not been cleaned up from breakfast. The SIC said the cook waits until after breakfast and snack time to clean up for lunch. It did not look like a pleasant place to come for a snack. This room should be cleaned up after each food service.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.