

Community Advisory Committee Quarterly/Annual Visitation Report

| | | | | | | | |
|--|------------------|---|--|-----------|---------------------------------------|---------------------|--|
| County: <i>BUNCOMBE</i> | | Facility Type: | | | Facility Name: | | |
| | | <input type="checkbox"/> Adult Care Home | <input checked="" type="checkbox"/> Family Care Home | | <i>John's Family Care Home</i> | | |
| | | <input type="checkbox"/> Combination Home | <input type="checkbox"/> Nursing Home | | | | |
| Visit Date | <i>1/13/2015</i> | Time Spent in Facility | hr | <i>25</i> | min | Arrival Time | <i>1</i> : <i>25</i> am <input checked="" type="checkbox"/> pm |
| Person Exit Interview was held with: <i>John Reese</i> | | | | | Interview was held <i>1/13</i> | | In-Person or Phone (Circle) |

| | | |
|---------------------------------|-----------------------------------|--|
| Adm <i>John Reese</i> | SIC (Supervisor in Charge) | Other Staff: (Name & Title) |
|---------------------------------|-----------------------------------|--|

| | |
|---|---|
| Committee Members Present: <i>John Bernhardt, Barbara Mayer</i> | Report Completed by: <i>Barbara Mayer</i> |
|---|---|

Number of Residents who received personal visits from committee members: *3*

| | |
|--|---|
| 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 |
| The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 | <p><i>3 long time residents 2 women 1 man Age 55-70's</i></p> <p><i>Residents are on regular diets except one diabetic who is stable on a 2000 cal. diet.</i></p> <p><i>Residents enjoy puzzles, games and books and at times, TV</i></p> <p><i>A puzzle is ongoing at all times.</i></p> |
| 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 <i>Not observed.</i> | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Not observed.</i> | |
| 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 <i>no problems</i> | |
| 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input 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 Observations | Comments & Other |
|---|---|
| 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p><i>Many puzzles are displayed in home.</i></p> |
| 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?

Yes No

11. Did residents feel their living areas were too noisy?

Yes No

12. Does the facility accommodate smokers?

Yes No

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

Yes No

14. Did staff answer call bells in a timely & courteous manner?

Yes No

14a. If no, did you share this with the administrative staff?

Yes No

The home is very clean. One bathroom had had a toilet leak. While the room is very clean, some tiles need to be replaced.

None of the 3 residents stayed in their rooms during visit.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes No

16a. Can residents access their monthly needs funds at their convenience?

Yes No

17. Are residents asked their preferences about meal & snack choices? *to an extent*

Yes No

17a. Are they given a choice about where they prefer to dine?

Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes No

20. Does the Facility have a Resident's Council?

Yes No

Homeowners do all laundry and provide transportation for Dr. visits and shopping.

Residents attend church as a family and the church will serve if residents have to leave the premises for emergencies

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.

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.