

Community Advisory Committee Quarterly/Annual Visitation Report

County: BUNCOMBE	Facility Type:		Facility Name:		
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	MOUNTAIN VALLEY RETIREMENT HOME		
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home				
Visit Date: 7/15/14	Time Spent in Facility:	hr: 30	min:	Arrival Time: 2 :	15 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: DONNA SUMMEY			Interview was held <input checked="" type="checkbox"/> In-Person		
Name: TAMMY TATE DONNA SUMMEY				Phone: 827-626-2914	
Title: Check Box <input checked="" type="checkbox"/> Admn.		<input checked="" type="checkbox"/> SIC (Supervisor in Charge)		Other staff	

Committee Members Present: John Bernhardt, Barbara Mayer	Report Completed by: Barbara Mayer
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. <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	<p>5 residents; 4 women, 1 man ages 53-92</p> <p>Two are diabetics with 1800 Cal. limit</p> <p>Residents stated they were satisfied with care.</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 checked="" 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. Do 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	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Our visits are annual. The SIC states that the living room carpet was not new. But to us, the carpeting seemed new, as did the kitchen and dining area floors. The physical condition of the house has improved and seems adequate.</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? <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 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	<p>A completed calendar on the wall. I do not know how much input the resident has or how much they participate. No one was doing "Nails" which was scheduled at the time of our visit. SIC did know evacuation plans. For house evacuating, residents meet at a particular tree. If they need to leave premises, they will be housed in other homes managed by Tammy Tate.</p> <p>Telephone is in hall.</p> <p>Home ratings are improving but the latest (Oct. 2013) is still only 65. No Stars.</p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <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.

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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