

COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT

County <i>BUNCOMBE</i>		Date <i>9-4-2015</i>	Facility Name <i>MOUNTAIN VALLEY RETIREMENT HOME</i>		
Number of Residents Visited: <i>5</i>		Length of Visit: <i>30</i> hour <i>30</i> min		Facility Type <input type="checkbox"/> Adult Care Home (ACH) <input checked="" type="checkbox"/> Family Care Home (FCH) <input type="checkbox"/> Nursing Home (NF)	
Report Completed by: <i>Barbara Mayer</i>					
Other Members Present: <i>John Bernhardt, Claudia Sherry</i>					
Exit Review Conducted With: <i>Dawn Paul</i> Title: <i>SIC (first day)</i>				RLTCO Office Use Only: <input type="checkbox"/> Reviewed <input type="checkbox"/> Entered in ODIS <input type="checkbox"/> cc: Facility <input type="checkbox"/> cc: DSS (ACH only)	
Posted	Residents Rights	Ombudsman Contact	Staffing Information		Survey Results (NH only)
Yes	<i>✓</i>	<i>gave new sheet</i>	<i>✓</i>		
No		<i>with NW committee</i>			

WHAT RESIDENTS REPORT DURING INTERVIEW		YES	NO	ADDITIONAL INFORMATION
Are you aware you have rights as a resident here?				<p><i>6 residents: 1 man, 5 women</i> <i>ages range 38-90</i> <i>1 diabetic - special diet</i></p> <p><i>Residents seemed friendly but not cohesive.</i> <i>One resident had been in several facilities and found this the most peaceful.</i></p> <p><i>activities seem to be what was accessible in the community rather than planned by the facility.</i> <i>Church across street</i> <i>community center within walking distance</i> <i>trips each week to thrift shops.</i></p> <p><i>Talked to residents mainly on porch. Smokers on 1 side, non-smokers on other.</i> <i>Apparently - outside only.</i></p> <p><i>We didn't meet the Admissions but it is Tammy Tate.</i></p>
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?				
Are you able to make complaints/suggestions without fear of retaliation?				
Are you free from mental and physical abuse?				
Do you know what to do if you are mistreated here?				
Is your personal/medical information kept confidential?				
Are you asked for input with planned activities?				
Do you enjoy the activities offered by the facility?		<i>x</i>		
Is your personal care provided in a way you like?		<i>x</i>		
Do you receive a response to your requests?				
Can you access your personal needs funds when requested? If no, why?				
Does the home encouraged personalization of your room?				
Do you feel safe and secure here?				
Do you feel the home is too noisy? If so, when and where?				
Are you permitted to smoke here? If so, are you aware of the smoking policy?		<i>yes</i>	<i>✓</i>	
Can you reach the call bell?				
Does staff answer your call bell timely?				
Do they ask what you prefer to eat?		<i>✓</i>		
Do you get to seat where you like during meals?				
WHAT CAC MEMBERS OBSERVE		Yes	No	OBSERVATIONS
Residents appear neat, clean and odor free?		<i>✓</i>		<p><i>We found one resident difficult to talk to, but another resident explained his hearing difficulty and he was able to answer. Staff was not present at the time</i></p>
Residents are up and out of bed/room and socializing?		<i>✓</i>		
Staff interact respectfully with residents who have difficulty communicating or making needs known. <i>did not observe</i>				
Call bells/lights appear to be accessible and answered timely.				
Staff support residents' right to privacy and dignity.				

AREAS OF CONCERN

EXIT REVIEW SUMMARY

Summarize exit review. Note issues requiring follow-up.