

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Buncombe</b>		Facility Type -		Facility Name:	
		<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	NANA'S Assisted Living	
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
Visit Date	11 / 16 / 14	Time Spent in Facility		Arrival Time	
Name of Person Exit Interview was held with		hr 40 min		5 : 00 am <input checked="" type="checkbox"/> pm	
Phone	Admn. <input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Interview was held <input checked="" type="checkbox"/> in-Person	
Rep <b>Ansel Smith</b>		Other staff			

Committee Members Present: **ADAMI / LATTI** (Name & Title)

Report Completed by: **Adami**

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

Resident Rights Information is clearly visible.  Yes  No

The most recent survey was readily accessible.  Yes  No  
*(Required for Nursing Homes Only)*

Ombudsman contact information is correct and clearly posted. **Bryce Hines**  Yes  No

Staffing information is posted.  Yes  No

### Resident Profile

1. Do the residents appear neat, clean and odor free?  Yes  No
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No
3. Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
4. Were residents interacting w/ staff, other residents & visitors?  Yes  No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
6. Did you observe restraints in use?  Yes  No
7. If so, did you ask staff about the facility's restraint policies?  Yes  No

### Comments & Other Observations

Home has considerable mental health clients. Although home reported moving and discharging some residents to get a better mix.

### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  Yes  No
9. Did you notice unpleasant odors in commonly used areas?  Yes  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

### Comments & Other Observations

Did not ask. However rooms had minimal furnishings in them. Bathrooms without toilet paper. Buildings old, worn. one wall heater with 'crushed' edge - leaving sharp metal edges.

*NA*

### Resident Services

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?  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, interfaith or religious groups?  Yes  No
20. Does the Facility have a Resident's Council?  Yes  No

### Comments & Other Observations

**Areas of Concern**

**Exit Summary**

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

One resident getting her 'medicaid' monthly stipend. Reviewed with SIC. All that she was not

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

Reviewed / discussed issue of Floor board heater with jagged metal edge.