

ACH REPORT – NORTH RIDGE **Community Advisory Committee**
Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name:								
			Adult Care Home		Family Care Home									
			Combination Home		Nursing Home									
Visit Date April 24 2015		Time Spent in Facility			hr		min	Arrival Time		:		am		p

Person Exit Interview was held with:	Interview was held	In-Person or Phone (Circle) in person
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	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present:	Report Completed by:
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Number of Residents who received personal visits from committee members: 10+

Resident Rights Information is clearly visible.	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. updated by Ruth Price on day of visit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Profile	Comments & Other Observations
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<p>1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<div style="border: 1px solid black; height: 300px;"></div>
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restraint policies?

Resident Living Accommodations Observations **Comments & Other**

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

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?

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

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?

- **Name tags are not used consistently by all staff - administrator was advised and will follow up**
- **One resident voiced concern about clothing locker - administrator was aware and will follow up**
- **Advocate noted that individual attention given to "hair care" of an individual resident - very positive**
- **Advocates commented that residents appear happy in their environment**

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.