Ruth

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:
		Adult Care Home	X	Family Care Home	North Ridge #3
		Combination Home		Nursing Home	

Visit Date	Nov. 4, 2015	Time Spent in Facility	Ø hr	10 min	Arrival Time	10 : 40	X am	pm

Person Exit Interview was held with:	Brenda Michael SIC	Interview was held	In-Person or Phone (Circle)

(Larry Mitchell Administrator)		SIC (Supervisor in Charge)		Other Staff: (Name & Title)	

Committee Members Present:	Report Completed by:
Jeri Hahner, Judy Olevnik and prospective Sharon White	Jeri Hahner

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

Resident Rights Information is clearly visible.	X Y	N		Ombudsman contact information is correct and clearly posted. Left new copy	X Yes	No	
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	Y	N		Staffing information is posted. Did not observe	Yes	No	

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	X Yes	No	There was 1 male resident and 3 females. All need special help.
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	X No	Laundry is done for the residents.
4. Were residents interacting w/ staff, other residents & visitors?	Yes	X No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Did not observe	Yes	No	
6. Did you observe restraints in use?	Yes	X No	
7. If so, did you ask staff about the facility's restraint policies?	Yes	No	

Resident Living Accommodations	Yes	No	Comments & Other Observations
8. Did residents describe their living environment as homelike?	X		SIC has shared responsibili
9. Did you notice unpleasant odors in commonly used areas?		X	- 4 days on / 3 days off.
10. Did you see items that could cause harm or be hazardous?		X	License was current.
11. Did residents feel their living areas were too noisy?		X	Hall emergency light did NOT work when tested.
12. Does the facility accommodate smokers?	X		
Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.			Residence was very clean.
13. Were residents able to reach their call bells with ease?	X		
14. Did staff answer call bells in a timely & courteous manner? Did not observe.			
If no, did you share this with the administrative staff?			

Resident Services	Yes	No	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?			— Activities were posted for current month.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	X		- Some are taken shopping by family members.
Can residents access their monthly needs funds at their convenience?			
17. Are residents asked their preferences about meal & snack choices?			— meals follow state dietary plan.
Are they given a choice about where they prefer to dine?			1 puree diet / 2 diabetic diets Kitchen was well stocked.
18. Do residents have privacy in making and receiving phone calls?	X		
19. Is there evidence of community involvement from other civic, volunteer or religious groups?			— Did not notice.
20. Does the Facility have a Resident's Council?			— informally communicate.

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.
Follow up on Hall Emergency Light.	

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**