Community Advisory Committee Quarterly/Annual Visitation Report

County:	Facility Type:			Facility Name:
Buncombe	Adult Care Home	✓	Family Care Home	Soundview Asst Living 136
	Combination Home		Nursing Home	

Visit Date	Time Spent in Facility	Arrival Time
8/19/14	1 2 hr min	2 : 30 am ✓ pm

Name of Person Exit Interview was held with:	Interview was held	
		In-Person

Name:	Phone:
Latisha Brooks	

Title: Check Box		Admn.	✓ SIC (Supervisor in Charge)		Other staff

Committee Members Present:	Report Completed by:
Marjorie Latta, P Bierer	Peggy Bierer

Number of Residents who received personal visits from committee members: 2

Resident Rights Information is clearly visible.	✓ Yes	No	Ombudsman contact information is correct and clearly posted. given	Yes ✓ No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	Yes	No	Staffing information is posted. not necessary	Yes ✓ No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	✓ Yes	No	6 residents all females
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	not noted
6. Did you observe restraints in use?	Yes	✓ No	
7. If so, did you ask staff about the facility's restraint policies?	Yes	No	

Resident Living Accommodations			Comments & Other Observations
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	not noted
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	ice cream socials
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	all eat at table
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	

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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.

home surrounded by trees & flowers
Home neat & clean.
Good interactions between SIC's.
Property manager does bingo for all 4 homes.

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