Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name: Trinity View
	x	Adult Care Home		Family Care Home	
		Combination Home		Nursing Home	

Visit Date	02/16/16	Time Spent in Facility		hr	15	min	Arrival Time	11	:	00		x	am		pr

Person Exit Interview was held with: Verna Roberts	Interview was held		In-Person or Phone (Circle)

	x	SIC (Supervisor in Charge)		Other Staff: (Name & Title)	

Committee Members Present: Bob Tomasulo & Peggy Franc	Report Completed by: Bob Tomasulo

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

Resident Rights Information is clearly visible.	x	Y		N	Ombudsman contact information is correct and clearly posted.	x	Yes
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*		Y		N	Staffing information is posted.	x	Yes

Resident Profile					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	x	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?*	x	Yes		No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	x	Yes		No	
4. Were residents interacting w/ staff, other residents & visitors?	x	Yes		No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	x	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	x	No	

Resident Living Accommodations					Comments & Other Observations
8. Did residents describe their living environment as homelike?	x	Yes		No	
9. Did you notice unpleasant odors in commonly used areas?		Yes	x	No	Non Smoking facility
10. Did you see items that could cause harm or be hazardous?		Yes	x	No	
11. Did residents feel their living areas were too noisy?		Yes	x	No	
12. Does the facility accommodate smokers?		Yes	x	No	
Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.					
13. Were residents able to reach their call bells with ease?	x	Yes		No	
14. Did staff answer call bells in a timely & courteous manner?	x	Yes		No	
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?	x	Yes		No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	x	Yes		No	
Can residents access their monthly needs funds at their convenience?	x	Yes		No	
17. Are residents asked their preferences about meal & snack choices?	x	Yes		No	
Are they given a choice about where they prefer to dine?	x	Yes		No	
18. Do residents have privacy in making and receiving phone calls?	x	Yes		No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	x	Yes		No	
20. Does the Facility have a Resident's Council?	x	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?	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.**