Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type -		Facility Name:
BUNCOMBE		✓ Family Care Home	WOODLAND TERRACE 1
	Adult Care Home	Nursing Home	
	Combination Home		

Visit Date	5 / 15 / 14	Time Spent in Facility	hr 1.5 min	Arrival Time	1 : 35 am ✓ pm

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

[ ] Phone [ ] Admn. ✓ SIC (Supervisor in Charge) [ ] Other staff

Rep: ADRIENNE MULLER (Name & Title)

Committee Members Present: MARSHA SAFIAN · SPIKE GRAM

Report Completed by: MARSHA SAFIAN

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. ✓ Yes [ ] No

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

Staffing information is posted. ✓ Yes [ ] No

Resident Profile

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

Comments & Other Observations

1 Resident attends Mountain House, The others work to the stores themselves.

NOT OBSERVED

It was a well run house

NOT OBSERVED

Resident Living Accommodations

	Yes	No
8. Did residents describe their living environment as homelike?	✓	
9. Did you notice unpleasant odors in commonly used areas?		✓
10. Did you see items that could cause harm or be hazardous?		✓
11. Did residents feel their living areas were too noisy?		✓
12. Does the facility accommodate smokers?	✓	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.		
13. Were residents able to reach their call bells with ease?	✓	
14. Did staff answer call bells in a timely & courteous manner?		
14a. If no, did you share this with the administrative staff?		

Comments & Other Observations

The residents said it was a comfortable home with good food. The house was very clean.

NOT OBSERVED

Resident Services

	Yes	No
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	✓	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	✓	
16a. Can residents access their monthly needs funds at their convenience?	✓	
17. Are residents asked their preferences about meal & snack choices?		✓
17a. Are they given a choice about where they prefer to dine?		
18. Do residents have privacy in making and receiving phone calls?	✓	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	✓	
20. Does the Facility have a Resident's Council?		✓

Comments & Other Observations

The residents said they got good care in the home

ONCE A MONTH

& were very comfortable there. They had just installed a new alarm in the house.

N/A

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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.

RESIDENT 6

NO VACANCIES

ALL MALE

AGES 35 - 60

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