

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>BUNCOMBE</b>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <b>WOODLAND TERRACE FAMILY CARE Home #3</b>
Visit Date <b>10 15 2014</b>	Time Spent in Facility hr <b>20</b> min	Arrival Time <b>1 : 35</b> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <b>Heather McCravey</b>		Interview was held <input checked="" type="checkbox"/> In-Person
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff <b>her husband</b>
Rep <b>Heather McCravey SIC</b>	(Name & Title)	Telephone: <b>683-4032</b>
Committee Members Present: <b>John Bernhardt, Barbara Mayer</b>		Report Completed by: <b>Barbara Mayer</b>
Number of Residents who received personal visits from committee members: <b>1</b>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>as correct</i>	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Profile	Comments & Other Observations
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>not observed</i></li> <li>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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><i>5 residents: 1 male 4 female age range 28 - 50+ 2 regular diets 1 - 1800 cal 1 - lactose intolerant 1 - low sodium SIC described group as low activity. Most were in their rooms.</i></p>
Resident Living Accommodations	Comments & Other Observations
<ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><i>SIC was cleaning the kitchen floor. Smoky Mountain held a class in the building that am. Laundry was locked. Everything seemed in order.</i></p>
Resident Services	Comments & Other Observations
<ol style="list-style-type: none"> <li>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol>	<p><i>Woodland Terrace has a movie night with popcorn but didn't see any other activities. Many go shopping with mental health workers.</i></p>

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.

**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.

*SIC's need to know what to do if they have to leave the property.*