

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <b>BUNCOMBE</b>	Facility Type:		Facility Name:	
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<b>Woodland Terrace Family Care Home #15</b>	
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
Visit Date: <b>6-12-2014</b>	Time Spent in Facility: _____ hr _____ min	Arrival Time: <b>2</b> : <b>40</b> am <input checked="" type="checkbox"/> pm		

Name of Person Exit Interview was held with: **Relief SIC, Sharon Allen** Interview was held  In-Person

Name: **Relief SIC, Sharon Allen** Phone: **828-683-2856**

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

Committee Members Present! **John Bernhardt Barbara Mayer** Report Completed by: **Barbara Mayer**

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	Comments & Other Observations
------------------	-------------------------------

- Do the residents appear neat, clean and odor free?  Yes  No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? *Did not observe*  Yes  No
- Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
- Were residents interacting w/ staff, other residents & visitors?  Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? *did not observe*  Yes  No
- Did you observe restraints in use?  Yes  No
- Did you ask staff about the facility's restraint policies? *N/A*  Yes  No

5 residents 2 men 3 women  
age 24-62  
all regular diets  
This is a follow up visit to see if earlier problems had been corrected. They had.  
The current license was posted.

Resident Living Accommodations	Comments & Other Observations
--------------------------------	-------------------------------

- Did residents describe their living environment as homelike?  Yes  No
- Did you notice unpleasant odors in commonly used areas?  Yes  No
- Did you see items that could cause harm or be hazardous?  Yes  No
- Did residents feel their living areas were too noisy?  Yes  No
- Does the facility accommodate smokers?  Yes  No
- 12a. Where?  Outside only  Inside only  Both Inside and Outside.
- Were residents able to reach their call bells with ease?  Yes  No
- 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

Patent rights, building evacuation plans, and the ombudsman list were posted. Also the state number for filing complaints.

Resident Services	Comments & Other Observations
-------------------	-------------------------------

- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- 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
- 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
- Do residents have privacy in making and receiving phone calls?  Yes  No
- Is there evidence of community involvement from other civic, veteran or religious groups?  Yes  No
- Does the Facility have a Resident's Council?  Yes  No

There was lots of food including cans and dried food for emergencies. The dinner being prepared met the diet plan.  
The relief SIC did not know of journal plans for leaving the area.  
Only problem was that only 1 bathroom of 3 had toilet paper but it was expected soon.

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.  
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

DHHS DOA-022/2004

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.

DHHS DOA-022/2004