

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Adult Care Home</td> <td><input type="checkbox"/></td> <td>Family Care Home</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Combination Home</td> <td><input type="checkbox"/></td> <td>Nursing Home</td> <td><input type="checkbox"/></td> </tr> </table>	Adult Care Home	<input type="checkbox"/>	Family Care Home	<input checked="" type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Facility Name: <u>Woodland Terrace 5 (on Ellendale)</u>
Adult Care Home	<input type="checkbox"/>	Family Care Home	<input checked="" type="checkbox"/>							
Combination Home	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>							
Visit Date: <u>10/15/14</u>	Time Spent in Facility: hr <u>32</u> min	Arrival Time: <u>1</u> : <u>40</u> am <input checked="" type="checkbox"/> pm								

Name of Person Exit Interview was held with: <u>Beverly Davis, SIC</u>		Interview was held <input checked="" type="checkbox"/> In-Person
Name: <u>Beverly Davis, SIC</u>		Phone: <u>243-0401</u>
Title: Check Box <input type="checkbox"/>	Admn. <input checked="" type="checkbox"/>	SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>

Committee Members Present: <u>John Bankerdt, Barbara Meyer</u>	Report Completed by: <u>John Bankerdt</u>
--	---

Number of Residents who received personal visits from committee members: Saw two but they did not communicate

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
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
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Only 4 residents (6 beds): 2 male, 2 female - Age range 24-62 - They and bedding were clean</u>
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	
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	
4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Very nice new couch system facing the large TV, Good food supply. Home office seems to make an effort to support these houses and residents. Linen room lights did not work in any of the houses in this cluster</u>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Very isolated building except for the other 6-prom adult care homes in the cluster (4% residents max/min). However no interaction with the house under different management, instant surprise when that was suggested, SIC did not know details of situation in place, just go to another building and call the home office (same in all 6 houses for years)</u>
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	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	