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Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:	
Adult Care Home	Family Care Home
Combination Home	Nursing Home <input checked="" type="checkbox"/>

Facility Name: Asheville Healthcare

Arrival Time 11 : 45 (am) pm

Visit Date: 3-31-2014

Time Spent in Facility: 1 hr 30 min

Interview was held In-Person

Name of Person Exit Interview was held with:

Name: Joann Gibbs

Interview by phone Phone: 298-2214

Role: Check Box

Admn. SIC (Supervisor in Charge) Other staff

Report Completed by: LISA PARR

Committee Members Present: LISA PARR, JUDY McDONOUGH

Number of Residents who received personal visits from committee members: 7

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No
would like committee flyer posted - will bring

Is the most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Required for Nursing Homes Only

Comments & Other Observations

Resident Profile

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? 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

Do staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No

Did you observe restraints in use? Yes No

If so, did you ask staff about the facility's restraint policies? Yes No

Detected body odor on two male residents

Resident Living Accommodations

Did residents describe their living environment as homelike? Yes No

Did you notice unpleasant odors in commonly used areas? Yes No

1. Did you see items that could cause harm or be hazardous? Yes No

1. Did residents feel their living areas were too noisy? Yes No

2. Does the facility accommodate smokers? Yes No

2a. Where? Outside only Inside only Both Inside and Outside.

3. Were residents able to reach their call bells with ease? Yes No

1. Did staff answer call bells in a timely & courteous manner? Yes No

1a. If no, did you share this with the administrative staff? Yes No

Received negative comments regarding atmosphere - noise, in particular. Noted offensive urine odor in common areas & discussed with administration.

Observed staff answering call bells & timeliness was noted.

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No

6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No

6a. Can residents access their monthly needs funds at their convenience? Yes No

7. Are residents asked their preferences about meal & snack choices? Yes No

7a. Are they given a choice about where they prefer to dine? Yes No

8. Do residents have privacy in making and receiving phone calls? Yes No

9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No

10. Does the Facility have a Resident's Council? Yes No

Residents have access to funds as needed, even after normal business hours if necessary.

noted activities calendar with outside participation/volunteers

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.

Would like to arrange to meet with the residents council.

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

DHHS DOA-022/2004

- Received positive comments about CNA staff.
- Observed snack schedule - this is nice!
- Staff members were helpful and provided assistance

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