

please make 6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

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

Date: 6-9-2014 Time Spent in Facility: 1 hr min Arrival Time: 3 : 30 am pm

Interview was held: In-Person

Name of Person Exit Interview was held with: _____ Phone: _____

Interviewer: Joann Gibbs

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

Committee Members Present: LISA PAER ZUTH PRICE

Report Completed by: LISA PAER & ZUTH PRICE

Number of Residents who received personal visits from committee members: 6

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

Most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Noted resident transfer & distraught in wheelchair next to nursing desk; numerous staff members walked by without offering assistance.

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1. Did you see items that could cause harm or be hazardous? 1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the facility accommodate smokers? 2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside. 3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	noted family photos in rooms noted urine odor on 200 hall wheelchair parts were on floor saw resident's lunch tray had not been removed. accommodate smokers on "grandfathered basis" noted training of staff in response to call bell

Resident Services	Comments & Other Observations
3. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. 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 3a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	noted clean & shiny floors

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.

- since last quarterly visit ombudsman & CAC volunteer did attend resident council meeting
- one resident indicated that "staff are always in a hurry & there is not enough help"
- one resident reported that "pancakes were cold as ice this morning"
- received report that mail was not delivered for 3 to 4 days this week.

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.

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