

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Swain	<b>Facility Type:</b>			<b>Facility Name:</b> Asheville Health Care Center 1984 US 70 Highway, Swannanoa							
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home									
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home									
<b>Visit Date</b> 8/28/15	<b>Time Spent in Facility</b>		1	hr	00	min	<b>Arrival Time</b>	10:00	:00	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
<b>Person Exit Interview was held with:</b> Anthony J. Abela   New Administrator of							<b>Interview was held</b>		<b>In-Person or Phone (Circle) in person</b>		

Administrator XX	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> Margaret Davis, Diana Glass (John Bernhardt and O.E. Starnes were not available)	<b>Report Completed by:</b> Margaret Davis
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**Number of Residents who received personal visits from committee members: 20**

<b>Resident Rights Information are clearly visible.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>The most recent survey was readily accessible. (Required for Nursing Homes Only) See note in exit survey</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Staffing information is posted. See exit survey notes</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did staff 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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Odors in East Wing which were smelled last visit have been taken care of.</b></p> <p><b>Several residents on short term unit expressed great satisfaction with facility. One resident stated; "I am leaving today but if I ever need more rehab, I would come back to this facility".</b></p> <p><b>Spoke with Therapy employee who described the new administrator as "dynamic and supportive of staff and residents". She said; "he listens to what the staff says".</b></p>

Resident Living Accommodations Observations				Comments & Other	
9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p><b>The facility is being newly painted. All rooms are being painted and repaired - looks wonderful. New lighting in the reception office creates an inviting atmosphere.</b></p> <p><b>During our last visit, several residents complained of call bells not answered in a timely manner - most resident said this has improved, but still remains somewhat of a problem. Shared with Administrator</b></p> <p><b>No complaints</b></p>
10. 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 checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p><b>Activities is in transition. A new staff member has been hired. There were no activities calendars in rooms or posted in hallways. Administrator says this will be remedied when new Activities Director is on board.</b></p> <p><b>Don't know - Will follow this up next visit.</b></p> <p><b>Administrator was asked if the facility uses the music and memory program - he was not aware of it and would like to learn more!!!</b></p> <p><b>Didn't ask if council was active - will ask next visit.</b></p>
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 checked="" 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 type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

- **Exit summary**
- **Transition of management staff - new administrator has been hired - on job 3 months. This is the 3rd administrator in 8 months. New Activities Director and new DON of 8 months.**
- **Staff indicated they are so pleased with new administrator.**
- **Maintenance of building is occurring, newly painted walls, resident rooms, new tables for residents rooms.**
- **Administrator is interested in learning about music and memory program.**
- **Facility looks wonderful, many physical changes in the works**

**Next visit:**

**Check to see if local ombudsman information is posted.**

**Check to see if survey is available**

**Check to see if staff ratio is posted**

**Check to see if activities calendar and program is up and running**

**Check on staff continuity**

**Resident complained that personal photos were not back on wall after painting - advised administrator**