

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b>				<b>Facility Name:</b>					
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			Asheville Health Care Center					
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home								
<b>Visit Date</b> 02/04/2015	<b>Time Spent in Facility</b>		1	hr	30	min	<b>Arrival Time</b>	11: : 30	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
<b>Person Exit Interview was held with:</b> Joanne Gibbs - Administrator							<b>Interview was held</b>		<b>In-Person or Phone (Circle) in person</b>	

Adminstraor	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
<b>Committee Members Present:</b> John Bernhardt, Margaret Davis, Kate Elliott -Ombudsman in training)		<b>Report Completed by:</b> Margaret Davis

**Number of Residents who received personal visits from committee members:** 12

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Residents mentioned (during separate interviews) several staff members as being helpful, kind and supportive: Mitzy, Robert, Ashley, Derrick, Shook, Beverly, Debra and Rebecca</b></p> <p><b>Dining room staff member was interacting with residents in dining room (I didn't get her name) She was smiling and engaging as she took lunch orders from the residents. She was the only staff member in the lunch room serving residents</b></p>
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
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 Observations	Comments & Other
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Did you notice unpleasant odors in commonly used areas?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10. Did you see items that could cause harm or be hazardous?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12a. Where?  Outside only  Inside only  Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Facility is very clean and pleasant!**

**Several resident were asked about response time to call bells. Residents indicated staff respond quickly - this was a concern of last visit and appears to have been taken care of!**

**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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Activities are posted in large print and individually in each room**

**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.

**Residents indicate that staff turns over frequently**

- **Building very clean and wonderful, caring staff!**

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One resident indicated that noise levels are high near dining room and nurses station - banging doors after 6p.m. - Administration advised

A family member indicated frustration of not being able to get out of the building after 6p.m. due to locked doors and unavailable staff - Administration advised and indicated that doors need to be locked to maintain safety. Admin was aware of this family frustration

Lunchtime - noticed only one staff member in the dining room caring for 20+ people. Lunch took some time to be delivered - Administration notified.

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