

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain	Facility Type:			Facility Name: 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							
Visit Date 11/10/16	Time Spent in Facility		1	hr	30	min	Arrival Time	10: : 0 0 x am pr	
Person Exit Interview was held with: Anthony J. Abela							Interview was held		In-Person or Phone (Circle) in person

Administrator XX	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Diana Glass John Bernhardt and O.E. Starnes (Margaret not available for this visit)	Report Completed by: Margaret Davis
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Number of Residents who received personal visits from committee members: 10 residents and 3 staff interview

Resident Rights Information are clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See note in exit summary
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Observed two way radios in use with significant reduction in noise levels throughout the facility</p> <p>Needed signage in area where resident had flu so visitors or others could avoid.</p> <p>Administrator stated no indications of flu symptoms spreading</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"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input type="checkbox"/>	

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>Detected smells in multiple halls - near activity room and in hallways - Administrator advised and gave explanation for the smells in this area.</p> <p>Residents commented on the following staff as outstanding;</p> <p>Mitzi(CNA), Jody (RN), Nicki (CNA), Michelle (RN)</p> <p>Resident council meets monthly with 8-10 members</p> <p>Administrator advised facility is operating at full capacity with a waiting list. Will be adding staff as a result.</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>Activities still in transition. Activities Director left last month and a new director has been hired and is expected to start next week. (See quarter report)</p> <p>Last facility visit by Ombudsman group commented on noise from overhead speaker - Director indicated that two way radios would be purchased - observed the new communication tool in effect - impressive!</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	
Areas of Concern				Exit Summary	

- **Exit summary -**

- **Check on call bells and response time**
- **Check on activities and if Director has been hired**
 - Check to see if survey is available**
 - Check to see if staff ratio is posted**