

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain		Facility Type:				Facility Name: Asheville Health Care Center 1984 US 70 Highway, Swannanoa									
		Adult Care Home		Family Care Home											
		Combination Home		<input checked="" type="checkbox"/>	Nursing Home										
Visit Date 2/16/2015	Time Spent in Facility			1	hr	00	min	Arrival Time	10:	:	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)	
Committee Members Present: Margaret Davis, John Bernhardt and O.E. Starnes			Report Completed by: Margaret Davis

Number of Residents who received personal visits from committee members: 10

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

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 & 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>Odors in West Wing - this was an issue in the East Wing last visit. East Wing has no urine orders however West Wing does Administrator advised</p> <p>Spoke with many residents who gave great comments about their care.</p> <p>Spoke with many staff members who complimented the Administrator. Many feel like they are a team under his leadership.</p> <p>The facility is newly painted, clean and very pleasant.</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>One resident indicated that call bells are slow to be answered on the night shift - administrator advised.</p> <p>Disussed Voter Rights and registration pla with administrator.</p> <p>Noticed many of the bird feeders are empty. Administrator advised it is hard to keep up with filling them as the squirrels eat most of the bird seed (this is being mentioned as last visit a resident stated the bird feeders were empty).</p> <p>There is a "rehab recovery" map, as well as, an educational medical awareness (heart attack/stroke) poster in the hallway that keep people informed. Very nice!</p>
10. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
11. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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 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.</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	<p>Don't know - Will follow this up next visit.</p>
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>Noise levels - a shrill bell was ringing for about 10 minutes on east wing. Turned out to be a maintenance bell which was turned off after notifying staff. The overhead PA system is very loud and distracting - administrator advised he will be going ahead with the purchase of hand held radios to communicate.</p>
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**

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

See if new 2 way radios are in place - has the overhead paging system stopped