

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Facility Name:	
		Adult Care Home	Family Care Home	ASHEVILLE NURSING & REHABILITATION	
		Combination Home	Nursing Home		
Visit Date: 5/31/14	Time Spent in Facility: _____ hr _____ min	Arrival Time: 9:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm			
Name of Person Exit Interview was held with:				Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/>	
Name: TERESA GARDIO				Phone: _____	
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff <input type="checkbox"/>					
Committee Members Present: Bob DuBrul, JENNIFER KIGER, GENE KNOBEL				Report Completed by: Bob DuBrul	
Number of Residents who received personal visits from committee members: 18					
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>			Staffing information is posted. <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<i>RESIDENTS HAD NO COMPLAINTS OTHER THAN POORLY PREPARED FOOD.</i>		
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 checked="" type="checkbox"/> No					
Resident Living Accommodations			Comments & Other Observations		
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 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 checked="" 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					
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 checked="" 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 checked="" 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					

