Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: Adult Care Home / Family Care Home / Combination Home / x Nursing Home	Facility Name: Asheville Nursing & Rehab
Visit Date: 1/21/15	Time Spent in Facility: 1 hr 30 min	Arrival Time: 9 : 30 x am pm
Name of Person Exit Interview was held with:		Interview was held: In-Person
Name: Melissa Yates		Phone:
Title: Check Box [X] Admn.	SIC (Supervisor in Charge)	Other staff
Committee Members Present: Bob DuBrul, Jennifer Kiefer, Gene Knorsel, Linda Worrell		Report Completed by: Bob DuBrul
Number of Residents who received personal visits from committee members: 18		
Resident Rights information is clearly visible. [X] Yes [ ] No	Ombudsman contact information is correct and clearly posted. [X] Yes [ ] No	
The most recent survey was readily accessible. (Required for Nursing Homes Only) [X] Yes [ ] No	Staffing information is posted. [X] Yes [ ] No	

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[X] Yes	[ ] No	Facility received a very negative survey. It is coming back nicely. New programs to be in closer touch w/ residents and meet their desires seem to be taking hold.
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	[X] Yes	[ ] No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[X] Yes	[ ] No	
4. Were residents interacting w/ staff, other residents & visitors?	[X] Yes	[ ] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[X] Yes	[ ] No	
6. Did you observe restraints in use?	[ ] Yes	[X] No	
7. If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	[X] Yes	[ ] No	No meal - gowned up
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[X] No	
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[X] No	
11. Did residents feel their living areas were too noisy?	[ ] Yes	[X] No	
12. Does the facility accommodate smokers?	[X] Yes	[ ] No	
12a. Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	[X] Yes	[ ] No	
14. Did staff answer call bells in a timely & courteous manner?	[ ] Yes	[X] No	So mix
14a. If no, did you share this with the administrative staff?	[X] Yes	[ ] No	

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	[X] Yes	[ ] No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[X] Yes	[ ] No	
16a. Can residents access their monthly needs funds at their convenience?	[X] Yes	[ ] No	
17. Are residents asked their preferences about meal & snack choices?	[X] Yes	[ ] No	
17a. Are they given a choice about where they prefer to dine?	[X] Yes	[ ] No	
18. Do residents have privacy in making and receiving phone calls?	[X] Yes	[ ] No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	[X] Yes	[ ] No	
20. Does the Facility have a Resident's Council?	[X] Yes	[ ] No	