

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Facility Name: ASTON PARK	
		Adult Care Home	Family Care Home		
		Combination Home	Nursing Home		
Visit Date: 2/11/15	Time Spent in Facility: 1 hr - 0 min		Arrival Time: 9 25 00 am		
Name of Person Exit Interview was held with:			Interview was held		In-Person
Name: MARSHA KAUFMAN				Phone:	
Title: Check Box	<input checked="" type="checkbox"/> Admn.	SIC (Supervisor in Charge)	Other staff		
Committee Members Present: Bob DuBrul, GRAJE KONDRASH, DINAD BURRILL				Report Completed by: Bob DuBrul	
Number of Residents who received personal visits from committee members: 27					
Resident Rights Information is clearly visible. <input 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		
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			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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
12a. Where? <input 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		