

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name:																							
		Adult Care Home		Family Care Home		Black Mountain Neuro-Medical Treatment Center																							
		Combination Home		X								Nursing Home																	
Visit Date 12/5/2014		Time Spent in Facility		2		hr	00		min	Arrival Time		10	:			x	am		pm										
Person Exit Interview was held with:										Interview was held			In-Person or Phone (Circle) <u>in person</u>																
Richard Ray																													
Adm X				SIC (Supervisor in Charge)				Other Staff: (Name & Title)																					
Committee Members Present: Ruth Price, Kalindi Trietley, O.E. Starnes, Margaret Davis, Nancy (new Ombudsman)										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. updated by Ruth Price on day of visit								<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					
The most recent survey was readily accessible. (Required for Nursing Homes Only)										<input type="checkbox"/> Y		<input type="checkbox"/> N		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		<ul style="list-style-type: none"> Residents interacted frequently with staff on many occasions during visit CAC Advocates observed nursing staff interact frequently and professionally with many of the residents One resident had an alarm system on This was not a topic of conversation during exit interview 																					
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 checked="" type="checkbox"/> Yes		<input 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 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

- **According to Administrator Richard Ray, one resident smokes and is allowed under grandfather clause**
- **Did not observe any call bells activated during visit**

Resident Services

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input 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

Comments & Other Observations

- **One resident stated activities were abundant. CAC advocate staff observed CNA staff reading news to residents. The activities calendar is displayed throughout the facility and has numerous and diverse activities available throughout the month.**
- **Administrator advised that monthly funds are accessed through the social worker**
- **Resident council is active - notice of meetings are displayed**

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

- **Name tags are not used consistently by all staff - administrator was advised and will follow up**
- **One resident voiced concern about clothing locker - administrator was aware and will follow up**
- **Advocate noted that individual attention given to "hair care" of an individual resident - very positive**
- **Advocates commented that residents appear happy in their environment**

Exit Summary

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.

- **CNA's present as professional, confident and went out of their way to introduce themselves to CAC advocates - very impressive!**
- **Administrator (Ray) responsive to advocates - we appreciated his responsiveness**

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.