

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain	Facility Type:				Facility Name: Black Mountain Neuro-Medical Treatment Center - 932 Old US 70 Highway, Black Mountain 28711 - 828 259-6700
	<input type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home	
	<input type="checkbox"/>	Combination Home	<input checked="" type="checkbox"/>	Nursing Home	
Visit Date: 6/26/2015	Time Spent in Facility: 1 hr 15 min			Arrival Time: 11 : <input type="checkbox"/> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	

Person Exit Interview was held with: _____ **Interview was held:** _____ **In-Person or Phone (Circle) in person**

Laurie Hollingsworth Administrator

Asst. Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
------------------	-----------------------------------	--

Committee Members Present: D.E. Starnes, Margaret Davis	Report Completed by: Margaret Davis
---	---

Number of Residents who received personal visits from committee members: observed 20+

Resident Rights Information are clearly visible. Y N ****see area of concern below** Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N **Staffing information is posted.** Yes No

Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Observed staff caring for physical needs of several residents on R3 and G3</p> <p>The orientation sheet in both R3 and G3 which reminds residents of the month, day of week and year were not kept current. The sheet read Wednesday, June 24th. We advised The Administrator.</p> <p>Residents observed interacting with staff consistently on each of the units</p> <p>No restraints observed during this visit</p> <p>Most residents observed lack the ability to converse. Those we spoke with were excited about the party held on the unit and building the day before</p>
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"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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>Activities appear to be varied; current events social gathering, craft corner, fitness arcade pet visits, drumming and others.</p> <p>Staff very helpful to CAC's during visit. Staff very diligent about inquiring who we were and what our purpose is on the unit.</p>
9. Did you notice unpleasant odors in commonly used areas?	<input checked="" type="checkbox"/>	Yes	<input 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 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	
Resident Services				Comments & Other Observations	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<p>Did not ask</p> <p>Staff are very skilled in re-directing agitated residents</p> <p>did not ask</p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input 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 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	
Areas of Concern				Exit Summary	
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Ombudsman contact information is posted, however it is confusing with many different contacts to choose from. A family member needing contact information might be frustrated in trying to figure out who to contact in case of a problem. Admin notified.</p>				<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>	