

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain	Facility Type:				Facility Name: Black Mountain Neuro-Medical Treatment Center - 932 Old US 70 Hwy, Black Mountain 28711 - 828 259-6700								
		Adult Care Home		Family Care Home									
		Combination Home	X	Nursing Home									
Visit Date 11/30/2015	Time Spent in Facility			1	hr	30	min	Arrival Time	10	:	x	am	pr

Person Exit Interview was held with:	Interview was held	In-Person or Phone (Circle) in person
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Richard Ray			
Asst. Adm. X	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	Lauri Hollingswrth - Facility Director

Committee Members Present: D.E. Starnes, Margaret Davis	Report Completed by: Margaret Davis
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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
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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
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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, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Observed staff caring for physical needs of several residents on R-2, R-3 and R-3
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	Observed professional re-direction of unreceptive residents
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	Residents observed interacting with staff consistently on each of the units
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No restraints observed during this visit
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
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Observations

9. 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 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

Spoke with family member who described the facility as homelike, safe, and highly professional staff

Some urine smells on G-3

Did not ask - did not observe smoking

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

Activities calendar is displayed with numerous activities available - resident council is active and notice of meetings are posted

Resident council is active - notice of meetings are displayed

Areas of Concern**Exit Summary**

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

- G-3 unit - Name tags are not used consistently by all staff - asst. administrator was advised and will follow up
- Great re-direction by staff with agitated residents
- **NOTE** - we observed a staff bulletin board on G-3 asking staff to sign up for extra shift coverage due to a vacancy. The tone of the note was written in a positive and respectful manner. The person requesting coverage revealed a high regard for staff.
- A family member spoke **highly** of care given to loved one

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!

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.