

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Swain	<b>Facility Type:</b>				<b>Facility Name:</b> 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												
<b>Visit Date</b> 2/16/2015	<b>Time Spent in Facility</b>			1	hr		min	<b>Arrival Time</b>	11	:			x	am		pm

Person Exit Interview was held with: Administrator was not available for exit	Interview was held	In-Person or Phone (Circle) in person
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**Laurie Hollingsworth Administrator**

	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> J.E. Starnes, Margaret Davis, John Bernhardt	<b>Report Completed by:</b> Margaret Davis
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**Number of Residents who received personal visits from committee members: observed 20+**

Resident Rights Information are clearly visible.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted.	<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 checked="" 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	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The newly painted murals on G-3 by artist Ryan - still a work in progress and very, very impressive.  When we walked onto G-3 two staff member (Jim and Christina) came up to greet us immediately. Hall monitoring by staff continues to be a function of staff. Staff members on G-3 did not all wear name tags. Staff on R3 are all wearing name tags.  Community calendar which tells the date, month, day of week, etc were up to date.
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
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3. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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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

Activities calendars are posted and in large print.

Resident Services	Comments & Other Observations
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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
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
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
 Check name tags  
 Orientation board should be current as well as, activities boards

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