

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 11/4/2015	Time Spent in Facility			1	hr		min	Arrival Time	11	:		<input checked="" type="checkbox"/>	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

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: J.E. Starnes, Margaret Davis, Diana Glass	Report Completed by: 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	Ombudsman contact information is correct and clearly 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					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	The atmosphere (homelike environment) has been a concern in the past (stark and institution looking). On this visit, we noticed that beautiful murriels were being painted on G-3 by artist Ryan - very, very impressive. We also observed murriels in the tv room on R3. Observed staff caring for physical needs of several residents on R3 and G3. The staff on both units are very upbeat and appear to take extreme pride in their jobs. The orientation sheet in both R3 and G3 which reminds residents of the month, day of week and year were not kept current. This is the second time we have observed this, we brought it to the attention of supervisor, Wendy. The activities calendar posted was for August - supervisor notified.
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 checked="" type="checkbox"/>	No	

Resident Living Accommodations Observations	Comments & Other
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9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Did you notice unpleasant odors in commonly used areas?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
13. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
15. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Unable to ask residents.

Unpleasant smells are an ongoing issue
Activities calendars are posted.

Beautiful music was being played in resident day room - this music was brought in by a family member - the music improves the environment

Staff very helpful to CAC's during visit. Staff very diligent about inquiring who we were and what our purpose is on the unit. The CAC's appreciate how all staff welcome us each time to the facility great group of caregivers!!!!!!

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
17a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
22. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Staff still do not wear name badges - This has been noticed for past 3 visits. Admn. has been notified.

Did not have an opportunity to ask some of the core questions; i.e., resident council, funds available - will need to ask Administrator next visit.

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.

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