

Please make 5 copies

# Community Advisory Committee Quarterly/Annual Visitation Report

City: Buncombe

Facility Type:		Facility Name:	
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Brian Ctr.</u>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		

Date: 9/6/14 Time Spent in Facility: ~~2 hrs~~ 2 hrs min Arrival Time: 1:00 am pm

Name of Person Exit Interview was held with: 1:00-3:00 Interview was held  In-Person  In-Person

Phone: Facility Map on Weekends

Check Box:  Admn.  SIC (Supervisor in Charge) Sue Rogers  Other staff

Committee Members Present: Laraine Webster & Judy McDonough Report Completed by: J. McDonough

Number of Residents who received personal visits from committee members: 13 + 3 + 5 + 75 + Visitors & Hosp. on locked unit

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No Will send New One

Most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	locked unit - staff said get up - you need to get changed" & kept walking saw very few staff/resident interactions lots of visitors incl. Gospel Group
Do residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting tubes or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you see or hear residents being encouraged to participate in self care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
So, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	You can tell which resident has frequent visitors. locked unit - not enough staff to keep residents "smoke free"
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	over 20 min (has been up to 1 hr) for resident to use bathroom. (visitors were there timing it.)
Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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?

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

Residents said they were cold - staff said they felt warm to them & did nothing.

Still no food in thistle seed holder @ hummingbird feeder

Residents were sitting in the room adjacent & might enjoy seeing the birds! (Locked Unit)

May be working on AC system

(Staff-in-charge - to ask if resident would get cold or not - only I goes at a time)

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.

DHHS DOA-022/2004

On locked unit, Regular Visitor said when staff go to lunch no one covers & several falls have occurred.

DON Hopes to increase # of CNA in daytime 7-7

~~On locked unit, Regular Visitor said when staff go to lunch no one covers & several falls have occurred.~~

Kudos: Entrance lobby no longer smelly, (but whole facility is a bit chilly - residents said they cold)

Ambassador System !! 😊