

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		Facility Type:				Facility Name: Brian Center of Weaverville												
		Adult Care Home		Family Care Home														
		Combination Home		Nursing Home														
Visit Date	12-4-2015	Time Spent in Facility				2	hr	15	min	Arrival Time	9	:	3	0	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm

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

Admin	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)	Jonathon; social worker
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Committee Members Present: Elanor Lane, Maria Hines, Judy McDonough	Report Completed by: Judy McDonough
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Number of Residents who received personal visits from committee members: 23

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Staffing information is posted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	Please see other side, last section
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
12a. Where? <input 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?	
14. Did staff answer call bells in a timely & courteous manner?	
14a. If no, did you share this with the administrative staff?	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	

- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to dine? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

Please see next section.

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.

- female resident exposed from waist up, in bed
- low staffing, especially weekends
- one call light on 20 min; staff approach twice re: same need
- one call light on approx 15 min
- male resident needing hearing aid
- food all "mashed up together" and "not cooked right"
- want seasonings and lighter offering(eg. salad plates, salads)
- missing room slippers; has told staff
- roommate issue; resident feels not addressed in timely manner
- 50-50 food great/food awful

- Alisa took notes, called in scheduler and social workers to ask questions.
- Quarterly care plan being updated, hope to update preferences
- Seasonings added to "condiment container" on food carts
- cooking w/more seasonings
- salads not available everyday due to freshness issue
- Alisa making lists of issues: eg. food, noise, dental, roommate, etc

KUDOS:

- Nails being done
- Christmas ornaments
- picture sign in dementia unit
- Screen porch no longer used for storage; has wicker chairs and soda machine
- dining room decorated for holidays
- Thanksgiving photos of resident, staff etc. with "What am I thankful for..." theme
- 4 residents already set up with "Just Press Play"; Working with WNC student volunteers to increase program
- Puppy of staff member visits; stays with one resident with appropriate need, almost all day long
- Other pets encouraged to visit; given special Brian Center collar tags when approved

MISC:

- Discussed idea of "Pocket Talkers", available at Radio Shack type stores, to be used at short term solutions for residents with hearing impairments. Discussed value of improved communication, for residents. Alisa receptive.

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.