

0. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	s	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Y	<input checked="" type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
1. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	s	<input type="checkbox"/>		
	<input type="checkbox"/>	Y	<input checked="" type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
2. Does the facility accommodate smokers?	<input type="checkbox"/>	s	<input type="checkbox"/>		
	<input type="checkbox"/>	Y	<input checked="" type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
2a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.		s			
3. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	Residents say bells not answered in timely manner
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
4. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
4a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		

Resident Services					Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
6a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
7. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
7a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
8. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
9. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		
10. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	No	
	<input type="checkbox"/>	e	<input type="checkbox"/>		
	<input type="checkbox"/>	s	<input type="checkbox"/>		

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?

bathroom e.g. sink not clean

compression hose too tight

reflux so bad, avoids dining room, losing weight

Food: (5 residents) "still not so good", temperature issues, "not cooked right", "too much cabbage and pork and beans"

Short staff on weekends

Call bell response: usually 5 minutes, but on weekends it's 10-15 minutes

morning meds late by "hours"; also late at night, resident "already in bed"

Need for social worker/ (?)APS

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

-Alisa called housekeeping as we mentioned bathroom issue

- Just Press Play: partnering w/ UNCA Psych Department; interns to help w/ iTunes downloads, etc.

-Speech Dept. also involved w/ Just Press Play as therapy

KUDOS:

-"Soup Gang", social

-Staff is friendly and appears happy

-Can have coffee "any time" resident wants it

-Resident: "kind", "enjoys conversations w/ staff"

-Pianist in secured unit; residents singing and/or swaying

-Basketball hoop in secured unit

-Residents overall said things were going well.

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.