

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%;">Family Care Home</td> </tr> <tr> <td>Combination Home</td> <td>Nursing Home</td> </tr> </table>	Adult Care Home	Family Care Home	Combination Home	Nursing Home	Facility Name: Brian Ctr.
Adult Care Home	Family Care Home					
Combination Home	Nursing Home					
Visit Date: 5/22/15	Time Spent in Facility: 1 hr 30 min	Arrival Time: 1 : 30 am (pm)				
Name of Person Exit Interview was held with:		Interview was held: In-Person				
Name: Heather Hoilman / DON		Phone:				
Title: Check Box	Admn.	SIC (Supervisor in Charge)				
Committee Members Present: Laraine Webster, Eleanor Lane & Judy McDonough		Report Completed by: JMG				
Number of Residents who received personal visits from committee members: 5 + 6 + 6 (17)						
Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>needs to be updated</i>					
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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. Do 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 type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Entrance to locked unit</i>
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 checked="" type="checkbox"/> No	
12a. Where? [] Outside only [] Inside only [] Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input 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	

Resident Services	Comments & Other Observations
15. 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	
16. 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	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" 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

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

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

Entrance to Locked Unit - very smelly (urine)

Open Spring on bed frame Rms 616, 503

Food on floor of locked rm. Smaller solarizer

Food too bland - only pepper available
Served same items too often
overcooked broccoli, rice, noodles
Run out of seconds

Talked to dietician only once
Cold food (supper)

DON took notes
LRN discovered source & took care of it.
Called staff to fix it immediately! 😊

- already working on food issues & changes!

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

DHHS DOA-022/2004

Kudos

Karaoke going on
Display for "Just Press Play"

UNCA doing research with Brian Ctr & "Alive Inside"

Asked staff to change shirt & it was done immediately

Activity sends out interesting daily Newsletters

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