

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <u>Brooks - Howell</u>
Visit Date: <u>7/27/15</u>	Time Spent in Facility: <u>2</u> hr <u>10</u> min	Arrival Time: <u>10</u> : <u>15</u> <u>am</u> pm
Name of Person Exit Interview was held with:		Interview was held: <input checked="" type="checkbox"/> In-Person
Name: <u>Nancy Garrison</u>		Phone:
Title: <input type="checkbox"/> Check Box <input checked="" type="checkbox"/> Admn.	SIC (Supervisor in Charge)	Other staff

Committee Members Present: Sara Weiss, Mary Israel, Judy McDougal      Report Completed by: J. McDougal

Number of Residents who received personal visits from committee members: \_\_\_\_\_

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 checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>DNA</u>	Staffing information is posted. <u>never saw it</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>DNA</u>

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 <u>say</u> 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 <u>describe</u> their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" 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? <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? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>most out of rooms</u> <u>call bells close at hand</u> <u>for those bedridden</u>

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	?          ?

(\*) under licensure  
ratio 5:1

58 licensed skilled beds

**Areas of Concern**

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

no concerns noted.

**Exit Summary**

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

discussed CNA numbers at mealtimes,  
Call bells — new glow-in-dark cords

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Kudos:

- lobby floor is immaculate & shiny
- best cafeteria style food in our area
- CNA handled shouting woman perfectly ... "Please don't ..."
- ② - new wheelchair accessible
- tubs are ordered
- New Computer will have Time - stamped entries.

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