

Case 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>Emerald Ridge</u>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		

Date: 7/26/14 Time Spent in Facility: 1 hr 50 min Arrival Time: 1:05 am pm

Name of Person Exit Interview was held with: _____ Interview was held In-Person

Person: Shannon Baker - Charge Nurse (RN) Phone: _____

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

Committee Members Present: Laraine Webster, Dixie Bartdoll & Judy McDonough (Arnold & Wengro) Report Completed by: _____

Number of Residents who received personal visits from committee members: 3 + 7 - 8 (18)

Resident Rights information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No

Most recent survey was readily accessible. Yes No Staffing information is posted. but per last Thurs. Yes No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting contact lenses or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
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	
If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Residential Living/Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	- new chair / washbasin but a resident yelling on C had - pain?? - no when sitting in chair - not always as fast as one would wish
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where? <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
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 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	
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.

- Why no TVs in Rms. on locker unit,
 - lots of UTIS - please change every 3 hrs.
 - ♀ w/ backache - now has also pain in stomach & leg & Tylenol's not helping
 LPN on C hall - not eager to answer questions

New med. ordered for "resident yelling" ~~Issue~~
 ? Safety Issue on a 2 hr. schedule
 - son (Med. Pur of Alty) will not allow oxycodone (makes her sleepy)
 - not a new problem - H.R. has talked w/ her

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DHHS DOA-022/2004

Kudos:

* Ruth - excellent CNA
 5 yr. employee

* Michael Harbin - interacting w/ folks who had communication difficulties - even introduced one of us to residents.

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Wellness & Prevention class taught by Michael Jalkner

Suggestions

DON / ADON here to pitch in.

occasional Bonus for coming in on Day off
 - No Holiday Pay

Staff Incentive

How do you get a adequate stay for while wts.

Reserve List

Excessive Workload

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