

of
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Please make
5 copies

Community Advisory Committee Quarterly/Annual Visitation Report

Facility Type: Adult Care Home Family Care Home Nursing Home

Facility Name: Emerald Ridge

City: Buncombe

Date: 5/23/14 Time Spent in Facility: 1 hr 0 min Arrival Time: 12: 36 am pm

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

Interviewer: Winger Johnston (Adm. Coord.) Phone: _____

Check Box Adm. SIC (Supervisor in Charge) Other staff

Committee Members Present: Laraine Webster & Judy McDougall Report Completed by: J McD

Number of Residents who received personal visits from committee members: _____

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. 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	
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	
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 residents 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	

Resident Living Accommodations	Comments & Other Observations
Did residents <u>describe</u> their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
If so, 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	<u>everyone was eating</u>
Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>DNA</u>
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	
a. 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	
a. 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.

Resident has backache & feels she need a brace
staff continuity

Adm. Coordinator took note, answered questions & will look into Resident w/ backache.

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.

DHHS DOA-022/2004

Kudos:

Memory boxes on locked unit

Residents are content - enjoying being outside