

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:		
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Emerald Ridge		
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home			
Visit Date: 2/13/15	Time Spent in Facility: 1 hr 30 min		Arrival Time: 1 : 00 am pm pm		
Name of Person Exit Interview was held with:			Interview was held: <input checked="" type="checkbox"/> In-Person		

Name: John Quinlan	Phone:
Title: <input type="checkbox"/> Check Box <input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff	

Committee Members Present: Lorraine Webster, Eleanor Lane &	Report Completed by: Judy McManoug
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Number of Residents who received personal visits from committee members: **5 + 5 + 4 = 14**

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
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" 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 <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 describe 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" 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 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	<p style="font-size: 1.2em;">Personal Photos</p> <p style="font-size: 1.2em;">about 5 laundry carts are lined up</p> <p style="font-size: 1.2em;">Everybody was up & out</p> <p style="font-size: 1.2em;">> DNA</p>

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.

Resident wants to visit husband @ V.A. more often.
Residents are generally happy & content

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Kudos:

Valentine Party was in full-swing - King & Queen were interviewed & voted upon

Refreshments were served (cupcakes & fruit - watermelon, canteloupe & grapes)

Music was playing (Big turnout)

All Staff stopped at certain resident who wanted phys. contact.

Resident: "New Adm. - He's great - He walks

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up & down the halls asking if everything is all right - looks at tray & asks about

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