

# 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	<u>Golden Living</u>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Visit Date: <u>11-8-14</u>	Time Spent in Facility: <u>01</u> hr <u>30</u> min	Arrival Time: <u>01</u> : <u>15</u> am <input checked="" type="checkbox"/> pm	
Name of Person Exit Interview was held with: <u>Mary Selbe, mod</u>		Interview was held:	In-Person <input checked="" type="checkbox"/>
Name: <u>LARA</u>	Title: <u>Check Box</u>	Phone: <u>(828) 254-8833</u>	
Committee Members Present: <u>LARAIN WEBSTER &amp; DIXIE BARKDOLL</u>		Report Completed by: <u>Webster</u>	
Number of Residents who received personal visits from committee members: <u>6</u>			

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible.  Yes  No  
(Required for Nursing Homes Only)

Staffing information is posted.  Yes  No

### Resident Profile

1. Do the residents appear neat, clean and odor free?  Yes  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?  Yes  No
3. Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
4. Were residents interacting w/ staff, other residents & visitors?  Yes  No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
6. Do you observe restraints in use?  Yes  No
7. If so, did you ask staff about the facility's restraint policies? NA

### Comments & Other Observations

SOME WERE NOT DRESSED

### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  Yes  No
9. Did you notice unpleasant odors in commonly used areas?  Yes  No
10. Did you see items that could cause harm or be hazardous?  Yes  No
11. Did residents feel their living areas were too noisy?  Yes  No
12. Does the facility accommodate smokers?  Yes  No
- 12a. Where?  Outside only [ ] Inside only [ ] Both Inside and Outside.
13. Were residents able to reach their call bells with ease?  Yes  No
14. Did staff answer call bells in a timely & courteous manner?  Yes  No
- 14a. If no, did you share this with the administrative staff?  Yes  No

### Comments & Other Observations

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No
- 16a. Can residents access their monthly needs funds at their convenience?  Yes  No
17. Are residents asked their preferences about meal & snack choices?  Yes  No
- 17a. Are they given a choice about where they prefer to dine?  Yes  No
18. Do residents have privacy in making and receiving phone calls?  Yes  No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
20. Does the Facility have a Resident's Council?  Yes  No

### Comments & Other Observations

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.

- 1) STATE WAS CALLED TO FACILITY LAST WEEK RE TO A RESIDENT COMPLAINT.
- 2) RESIDENT CLAIMS ROOMMATES ARE CALLING USING DEROGATORY RACIAL NAMES TO HER.
- 3) ANOTHER RESIDENT CLAIMS A BLACK STAFF IS VERY BROWSQUE/CURT.
- 4) RESIDENTS COMPLAIN ABOUT FEWER STAFF ON WEEKENDS & NIGHTS.

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6  
 STAFF ON DUTY THIS WEEKEND # FOR ~~THE~~ 7-3 SHIFT  
 4 ON 3-11 SHIFT PLUS 2 FROM 3-7  
 4 ON OVERNIGHT STAFF  
 23 RESIDENTS  
 3) ELECTRIC WHEELCHAIR TAKEN AWAY FROM  
 1 RESIDENT BUT NOT ANOTHER WITH SAME  
 INFRACTION.

Otherwise -- The facility, staff & residents seemed clean & happy.

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