

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:			
		Adult Care Home		Family Care Home	Golden Living			
	Combination Home	X	Nursing Home					

Visit Date	4	4	15	Time Spent in Facility	2	hr	30	min	Arrival Time	2	:	p	am	pm
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Person Exit Interview was held with: We were informed that there was no administrator present in the facility after 2pm	Interview was held	In-Person or Phone (Circle)
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Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Laraine Webster and Eleanor Lane	Report Completed by: Webster
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Number of Residents who received personal visits from committee members: 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. Not current. Posting was for 4/3/15 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile

Comments & Other Observations

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

Numerous residents were still in bed.

Resident Living Accommodations Observations

Comments & Other

8. Did residents describe their living environment as homelike?		Yes		No
9. Did you notice unpleasant odors in commonly	X	Yes	X	No

No odor but one area of hall floor seemed sticky

used areas?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

10. Did you see items that could cause harm or be hazardous?

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where? [X] Outside only [] Inside only [] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

1 resident complained about staff being noisy late at night. Another resident was awakened when the exit door (blows?) open and the alarm beeps around 5am.

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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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?

See below

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

Not completed due to no administrator in the building.

Bob Burns is no longer ED effective Friday, 4/2/15.

Many staff were terminated including some that were considered, by residents, very good at their job. Staff moral is very low. Residents and staff are very concerned about insufficient staffing on the second and third shifts.

One resident said that the third shift (11p-7a) was staffed with 1 CNA for each wing 4 out of the last 7 days.

2 resident said their medication and bandage change was very late.

Another said the laundry was not be cleaned in a timely manner.

Another resident said they are being washed in their room instead of taking a shower. She also said that when the people from corporate talked with her last week they were disrespectful.

A resident voiced concern about the dining room seating arrangements, the line up of wheelchairs in the hall and the potential safety of this practice.

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]