

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type:		Facility Name: <u>Mountain Ridge</u>	
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home		
Visit Date: <u>2-5-2014</u>	<input checked="" type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Time Spent in Facility: <u>2</u> hr <u></u> min	Arrival Time: <u>2</u> : <u>30</u> am <input checked="" type="checkbox"/> pm	Name of Person Exit Interview was held with: <u>Carla Weaver, NH Admin</u>		
Name: Lisa Parr, RN Price		Interview was held <input checked="" type="checkbox"/> In-Person		Phone: <u></u>
Title: Check Box	<input checked="" type="checkbox"/> Admn.	<input type="checkbox"/> SIC (Supervisor in Charge)	Other staff	
Committee Members Present: <u>Lisa Parr, CAC member; Pam Price, Ombudsman</u>			Report Completed by: <u>Lisa Parr</u>	
Number of Residents who received personal visits from committee members: <u>17</u>				

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Need new poster - will provide</i>	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <i>Need new poster - will provide</i>
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. received complaint about care
2. Did residents say 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 checked="" 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint Free Facility b. Observed seat belt-type device on wheel chair which resident could remove. Discussed policies

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Two resident family members commented that facility is very clean. several residents noted that call bells are sometimes not answered
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input checked="" type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input checked="" 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	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dietary staff was responsive to resident's requests. Observed performance for 15 residents and over 20 residents in activity group
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input 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, labor 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**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.

Received complaint and request that patient get medication for pain and assistance dressing and getting out of bed. Conveyed resident's request to administrator. Follow-up with resident included resident's statement that concerns were adequately addressed & no further complaints were received. (Current as of 3/31/14 Jan)

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

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