

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain		Facility Type:				Facility Name: Mountain Ridge Health & Rehab 611 Old US 70 E, Black Mountain, NC						
		Adult Care Home		Family Care Home								
		Combination Home		X	Nursing Home							
Visit Date 1/16/2015	Time Spent in Facility		1	hr	15	min	Arrival Time	10	:	x	am	pr
Person Exit Interview was held with: Carla Weaver							Interview was held		In-Person or Phone (Circle) in person			

Carla Weaver	SIC Administrator	Other Staff: (Name & Title)	
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Committee Members Present: John Bernhardt , OE. Starnes, Margaret Davis	Report Completed by: Margaret Davis
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Number of Residents who received personal visits from committee members: 15

Resident Rights Information are clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No Will check next visit
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The most recent survey was readily accessible. (Required for Nursing Homes Only) Not posted - see exit notes <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Staffing information is posted. Did not check - wil check next visit <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residents appear neat, clean and happy.
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Observed many staff/resident interactions with grooming.
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	Observed nursing and rehab staff working with residents.
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staff very engaged with residents
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	Observed rehab staff working patiently and professionally with non-verbal staff
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Admin states no restraints are used
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living Accommodations Observations				Comments & Other	
9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>No unpleasant odors and no hazards in hallways</p> <p>Facility is very pleasant appearing</p> <p>Very loud electric floor cleaner - advised admin who stated this was something the facility wants to address</p> <p>One resident said facility is short staffed</p>
10. 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12a. Where? <input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14a. If no, did you share this with the administrative staff?	<input checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>Activities calendars are posted Several residents gave rave reviews with variety of activities and like bingo.</p> <ul style="list-style-type: none"> Funds are available on weekend as well as during the week - Food choices are available. One resident has a dietary restriction of eating solids after 3pm. Resident say unable to get soup consistently after 3pm - resident requested a consult with dietary manager - advised administration One resident stated there is a long wait in dining room for food to be served. One resident said menu was repetitive and out of a can. - advised admin. <p>Note: one resident stated being upset with having to eat in the "restorative dining room away from the main stream dining room. Resident allowed us to share identify and</p>
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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input 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	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

20. Does the Facility have a Resident's Council?

admin will return resident to main stream dining. Resident allowed identity to be shared

One resident did not know about council - resident meetings. This resident allowed identity to be shared - admin will make sure resident is aware of council dates and times.

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?

Check for survey to ensure it is displayed for public viewing - **Admin stated it will be placed in a public view**

Check for posting staffing information

Check to make sure residents are allowed private phone conversation (did not ask residents or admin this visit)

Check loud power vac.

Check wait in dining room

Check if court yards/resident window views are clear of discarded construction materials

Check ombuds. contact list is up to date and visible

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

Residents are extremely clean as is the facility

Several resident stated staff are excellent and caring

Great activities