

# Community Advisory Committee Quarterly/Annual Visitation Report

4/9

County: <u> Buncombe </u>	Facility Type:	Facility Name:
Visit Date: <u> 03-24-2014 </u>	<input type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home <input checked="" type="checkbox"/> Nursing Home	<u> NC Veterans Home  Black Mountain </u>
Name of Person Exit Interview was held with:	Time Spent in Facility: <u> 1 </u> hr <u> 30 </u> min	Arrival Time: <u> 12 </u> : <u> 15 </u> am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
Name: <u> Toni Clark, RN Director of Health Services </u>	Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)	Phone: <u> 828-257-6800 </u>
Committee Members Present: <u> LISA PARR SONYA FRIEDRICH </u>	Report Completed by: <u> LISA PARR </u>	<input checked="" type="checkbox"/> Other staff <u> DON / Dir Health Services </u>
Number of Residents who received personal visits from committee members: <u> 7 </u>		

Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>need to update ombudsman name</i>	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>needs updated flier</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. 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 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	<i>Observed meal-time care</i>
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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>Observed that some residents had to wait over 20 minutes to be served at dining table.</i>
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	<i>No restraints observed</i>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Noted sunny, open living areas</i>
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	<i>Facility is neat and clean &amp; nicely furnished. Observed fingernail polish &amp; remover unattended in common area briefly. (Removed by staff person).</i>
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	<i>Staff accompanies residents to smoke</i>
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	<i>did not observe call bell except that it was in reach of patients</i>
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	

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	<i>Observed flier notifying residents of how to access funds!</i>
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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>Saw crafts from local children on residents' bulletin board. Easter Egg Hunt</i>
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.

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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