

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain	Facility Type:				Facility Name: NC State Veterans Nursing Home - Black Mountain - 62 Lake Eden Road, Black Mountain,				
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home							
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home							
Visit Date 11/3/16	Time Spent in Facility 1 hr 30 min			Arrival Time 10 : 00 am					
Person Exit Interview was held with: Kathryn West Administrator and Brady Director of Nursing)					Interview was held		In-Person or Phone (Circle) in person		

Administrator	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Margaret Davis, O.E. Starnes, Diana Glass, Cindy Stockman	Report Completed by: Margaret Davis
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Number of Residents who received personal visits from committee members: 11

Resident Rights Information are clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" 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) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" 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	<p>The facility is visually appealing - clean and no odors. Several residents commented on friendly and helpful nature of staff.</p> <p>Resident council is active and according to administrator, the group is trying to change the culture of the monthly meetings. The group has asked for assistance from Land of Sky to help them move the meetings from a negative to a more positive format. Our team will report back to Land of Sky to let Ruth know an Ombudsman is needed/requested.</p>
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	
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. Did 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 checked="" type="checkbox"/> No	

Resident Living Accommodations Observations	Comments & Other
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9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 type="checkbox"/>	No
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both			<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Voting information is available for the residents. The Administrator advised us that all residents will be able to cast absent or in person voting. Administrator advised us that the Social Worker has been pro-active in setting up a process for residents to vote.

The Chaplin, Jack Taylor is available on site for residents 3 days a week. The Administrator speaks highly of Chaplin Taylor and mentioned he makes himself available to residents whenever a need arises. Diana Glass asked him for a list of residents who do not get visitors so that she or someone can make friendly visits - The Chaplin had the information ready before we left the facility - Diana was impressed with his immediate response. Impressive!!!!

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

Great visit.

Areas of Concern	Exit Summary
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Continue to monitor for call bell response
 Monitor activities program for improvement
 Call lights and CNA turnover - monitor