

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 11/16/2015	Time Spent in Facility			1	hr	30	min	Arrival Time	11	:			<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Person Exit Interview was held with: Kathryn West Administrator								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: John Bernhardt, Margaret Davis	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
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Will check next visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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?	The facility is clean and pleasant but isolated in areas, . Unit A especially. This has been an on-going issue - however one resident disagreed that Unit A is isolated. Administrator agrees that more social programs need to be added. The facility does have groups from the community, including the boy scouts who provide visits to the residents. It should be noted that a 2nd activities position has been filled. In the past residents have commented about lack of weekend activities. It appears that a number of people (especially on Unit D) are just sitting around with little to do. Observed one staff member sitting with a resident working on ADL's via computer.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

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
11. Did you see items that could cause harm or be hazardous?	<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.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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

The salon was very busy with residents getting their hair cut.

One resident stated that the meals were "not great, mostly hamburger in a different format
Advised Administrator

One resident on Unit D stated he did not know what facility his wife was living in and wanted contact with her. Advised Administrator

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

Most recent survey is displayed for public

Continue to monitor for call bell response. We received a mixed response regarding timely call bell response - some said response is good, others said it takes awhile for a response.

We advised the Administrator an anonymous resident said she/he "required" to attend church services - resident rights issue

Areas of Concern	Exit Summary
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Continue to monitor for call bell response
Monitor activities program