

Community Advisory Committee Quarterly/Annual Visitation Report

County: Wancombe	Facility Type:				Facility Name:					
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<input checked="" type="checkbox"/> Nursing Home			NC State Veterans Nursing Home - Black Mountain - 62 Lake Eden Road, Black Mountain,				
	<input type="checkbox"/> Combination Home	<input type="checkbox"/>								
Visit Date: 11/22/2015	Time Spent in Facility: 1 hr 00 min		Arrival Time: 11 : <input type="checkbox"/> : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm							

Person Exit Interview was held with: Tonya Gray - DON	Interview was held <input type="checkbox"/>	In-Person or Phone (Circle) in person <input type="checkbox"/>
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Tonya Gray - Director of Nursing	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, O.E. Starnes, 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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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	Very pleasant environment. All required postings; survey, resident council, resident's rights, staffing ratio, are posted. Observed a resident that appeared with dirty clothing and unkempt appearance (teeth did not appear clean) on A unit Yes - observed. Family member continues to be concerned that since nursing station was moved from Alfa unit (end of hall) that the unit is isolated. Family member concerned with lack of restorative therapy.
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	
9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>Yes- observed home like and extremely clean environment. All residents have private rooms with personal items from home. One resident commented that he appreciated being able to have some of his own furniture in his room.</p> <p>Some residents described call bell response time is still slow.</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 type="checkbox"/>	No	
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both				Inside	
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 in each room and in two central locations - print is large and readable. There were Memorial Day activities scheduled for May 25th.</p> <p>Did not ask - will do so next visit</p> <p>Resident council is active - notice of meetings are displayed</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 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	
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?

Exit summary - continue to monitor call bell response
Continue to monitor A Unit regarding isolation
Continue to monitor urine smells on C Unit
Continue to monitor activities availability on weekends

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