

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Swain	<b>Facility Type:</b>			<b>Facility Name:</b>									
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home		NC State Veterans Nursing Home - Black Mountain - 62 Lake Eden Road, Black Mountain,									
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home											
<b>Visit Date</b> 03/10/2015	<b>Time Spent in Facility</b>		1	hr	00	min	<b>Arrival Time</b>	11	:			<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm

Person Exit Interview was held with: Tonya Gray - DON	Interview was held	In-Person or Phone (Circle) in person
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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	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Very pleasant environment. All required postings; survey, resident council, resident's rights, staffing ratio, are posted.  One resident family member stated that care at th VA has exceeded expectations.  Yes - observed.  Observed many interactions.   DON explained that some restraints are used in the memory unit and staff must check on them every 1 1/2 hour.
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"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Resident Living Accommodations Observations	Comments & Other
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3. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 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 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

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.

One resident commented a desire to have a rug in the room and long curtains to cut down on echo. - Advised DON but could not give identifying name as resident did not want to appear to be complaining .

**Each of the CAC's heard comments indicating that bell call response time was slow - especially on A hall. DON was advised.**

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

Activities calendars are posted in each room and in two central locations - print is large and readable. One resident commented of not being able to read the calendar in the room due to eyesite issues. This resident said Activities personnel come to notify in person but not always. DON advised that activities are also announced over PA.

Did not ask - will do so next visit

Resident council is active - notice of meetings are displayed

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

**Exit summary** - asked if facility is taking advantage or knew of the "Just Press Play" music program. The DON said she was aware and some of the activities staff were signed up to attend a workshop at Land of Sky.

Follow-up conducted - during the last visit by CAC's, one relative stated weeked activities were "weak". Schedule shows some activities are scheduled CAC will continue to monitor

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

**Follow up on call bell situation**