

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Facility Name: DISGAH MANOR	
		Adult Care Home	Family Care Home		
		Combination Home	x Nursing Home		
Visit Date: 8/13/14	Time Spent in Facility: _____ hr _____ min		Arrival Time: _____:_____:_____ <input type="checkbox"/> am <input type="checkbox"/> pm		
Name of Person Exit Interview was held with:			Interview was held <input checked="" type="checkbox"/> In-Person		
Name: VICKIE			Phone: _____		
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>					
Committee Members Present: Bob DuBrul GRNF, JR			Report Completed by: Bob DuBrul		
Number of Residents who received personal visits from committee members: 15					
Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 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	INDIVIDUAL ROOMS TOO COLD - RESIDENT PROBLEMS W/ CONTROLS CALL BELLS ARE SLOW TURNOVER OF CNAS, NO CONTINUITY CHOICE OF FOOD (RESIDENT COUNCIL) - ONLY ON CHOICE		
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 type="checkbox"/> No			
Resident Living Accommodations			Comments & Other Observations		
8. Did residents describe their living environment as homelike?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OTHER SIDE OF BLDG		
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 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.					
13. Were residents able to reach their call bells with ease?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Did staff answer call bells in a timely & courteous manner?		<input checked="" 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			
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	See above		
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 checked="" 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 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			