

2013-11

Community Advisory Committee Quarterly Visitation Report

County: Buncombe	Facility Type:	Facility Name:
	Adult Care Home	Family Care Home
	Combination Home	Nursing Home
Visit Date: 2/26/14	Time Spent in Facility: 1 hr 00 min	Arrival Time: 10:00 AM

Name of Person Exit Interview was held with: ANITA GRANDER
 Interview was held: In-Person
 Name: ANITA GRANDER
 Phone: ADOU

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: Bob DuBrul, JENNIFER KIBER, GENE KNOWLTON
 Report Completed by: Bob DuBrul

Number of Residents who received personal visits from committee members: 2

Resident Rights Information is clearly visible. Yes No
 Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No
 (Required for Nursing Homes Only)
 Staffing information is posted. Yes 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	
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	One resident felt it was noisy
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STRONG PROGRAM TO CONTINUALLY IMPROVE
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	2 RESIDENT COMPLAINT ABOUT COOLD BATHROOM NO HEAT, PARTICULARLY IN AM	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IS IT POSSIBLE TO EAT IN OTHER DINING AREAS TO EAT W. FRIENDS IN OTHER NEIGHBORHOODS
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		

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?

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