

### Community Advisory Committee Quarterly/Annual Visitation Report

County: <b>Buncombe</b>		Facility Type:		Facility Name: <b>PISBAH MANOR</b>	
		Adult Care Home	Family Care Home		
		Combination Home	Nursing Home		
Visit Date: <b>5/29/14</b>		Time Spent in Facility: <b>1 hr 30 min</b>		Arrival Time: <b>9:03</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of Person Exit Interview was held with:				Interview was held <input type="checkbox"/> In-Person	
Name: <b>MICHAEL GRANDY</b>				Phone:	
Title: Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/>		SIC (Supervisor in Charge)		Other staff	
Committee Members Present: <b>Bob DuBrul, JENNIFER KIGER</b>				Report Completed by: <b>Bob DuBrul</b>	
Number of Residents who received personal visits from committee members: <b>15</b>					
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 checked="" 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	<b>SHORT STAFF</b>		
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	<b>BOTH YES &amp; NO - SHORT STAFF (R)</b>		
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 checked="" type="checkbox"/> No			
12a. Where? [ ] Outside only [ ] Inside only [ ] 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 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			
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			
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.

