

## Community Advisory Committee Quarterly/Annual Visitation Report

County: <b>Buncombe</b>		Facility Type:		Facility Name:	
		Adult Care Home	Family Care Home	<b>PISGAH MANOR</b>	
		Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Visit Date	<b>2/11/15</b>	Time Spent in Facility		hr	min
				1	15
				Arrival Time	1:0
				<input checked="" 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: <b>MICHELLE GRANNY</b>				Phone:	
Title: Check Box		<input checked="" type="checkbox"/> Admn.		SIC (Supervisor in Charge)	
				Other staff	
Committee Members Present:				Report Completed by:	
<b>Bob DuBrul, GENE GROVER, LINDA BURREL</b>				<b>Bob DuBrul</b>	
Number of Residents who received personal visits from committee members:				<b>14</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. <i>(Required for Nursing Homes Only)</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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			
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		<p><b>ONE RESIDENT <del>MOVED</del> MOVED TO Quieter Location</b></p>	
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? [ ] 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 type="checkbox"/> No			
14a. If no, did you share this with the administrative staff?		<input 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><b>PROBLEMS w/ <del>PIZZA</del> PIZZA - ONLY Asked Dictation to visit her</b></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 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			