

Community Advisory Committee Quarterly/Annual Visitation Report

3.11

County: **Buncombe**

Facility Type: Adult Care Home Family Care Home Combination Home Nursing Home

Facility Name: **STONECRAEK**

Visit Date: **2/19/14** Time Spent in Facility: **1** hr **00** min Arrival Time: **11:00** am pm

Name of Person Exit Interview was held with: _____ Interview was held In-Person Telephone

Name: **JENNIFER ROBINSON** Phone: _____

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

Committee Members Present: **Bob DuBrul, JENNIFER NIGER, GENIE KNORFEL** Report Completed by: **Bob DuBrul**

Number of Residents who received personal visits from committee members: **23**

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 Staffing information is posted. Yes No

Required for Nursing Homes Only

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting entures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and Outside. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p style="font-size: 1.2em;">DNR CANNOT FIND IT DSS W/AVE - 10 MIN. WAIT</p>

Resident Services	Comments & Other Observations
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 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 Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p style="font-size: 1.2em;">OVERALL POSITIVE STAFF LOTS OF ACTIVITY CONTINUAL UPGRADING</p>