

### Community Advisory Committee Quarterly/Annual Visitation Report

County: <b>Buncombe</b>		Facility Type:		Facility Name: <b>STONECREEK</b>	
		Adult Care Home	Family Care Home		
		Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Visit Date: <b>5/21/14</b>	Time Spent in Facility: _____ hr _____ min	Arrival Time: <b>10:15</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>CHRIS CONNELLY</b>				Phone: _____	
Title: Check Box	Admn. <input type="checkbox"/>	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff <input type="checkbox"/>		
Committee Members Present: <b>Bob DuBrul, JAVIER RIGER, GENIS JENOWAL</b>			Report Completed by: <b>Bob DuBrul</b>		
Number of Residents who received personal visits from committee members: <b>17</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>GOOD VISIT. RESIDENTS POSITIVE</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			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12a. Where? <input checked="" type="checkbox"/> 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			
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			

