

Community Advisory Committee Quarterly/Annual Visitation Report

| County: Buncombe | | Facility Type: | | Facility Name: STONECREEK | |
|--|-------------------------|--|--|--|--|
| | | Adult Care Home | Family Care Home | | |
| | | Combination Home | Nursing Home | | |
| Visit Date: 9/1/14 | Time Spent in Facility: | hr | min | Arrival Time: 10:05 | of: <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: JENNIFER ROBINSON | | | | Phone: | |
| Title: Check Box | | Admn. | SIC (Supervisor in Charge) | Other staff | |
| Committee Members Present: Bob DuBrul, GENEVA KNOX, JENNIFER KIGER | | | | Report Completed by: Bob DuBrul | |
| Number of Residents who received personal visits from committee members: 20 | | | | | |
| 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 | | | |
| 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 checked="" 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 <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 checked="" type="checkbox"/> No | SLOW CALL BELLS - NIGHTS) W/ E | | |
| 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 | STAFF CONTINUITY TURNOVER WORSE NIGHTS & W/ E | | |
| 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 | | | |