# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe

**Facility Type:** Adult Care Home | Family Care Home | Combination Home | x Nursing Home

**Facility Name:** STONECREEK

**Visit Date** 1/21/15 **Time Spent in Facility** 1 hr 00 min **Arrival Time** 10:50 x am pm

**Name of Person Exit Interview was held with:**

**Interview was held** In-Person

**Name:** KATHY LEWIS **Phone:**

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

**Committee Members Present:** Bob DuBrul, JENNIFER KIGER, GENE KUGEREL, LINDA WORREL

**Report Completed by:** Bob DuBrul

**Number of Residents who received personal visits from committee members:** 18

**Resident Rights Information is clearly visible.** Yes | X No *

**Ombudsman contact information is correct and clearly posted.** Yes | X No *

**The most recent survey was readily accessible. (Required for Nursing Homes Only)** X Yes | / No

**Staffing information is posted.** X Yes | No

| Resident Profile | | | Comments & Other Observations |
|---|---|---|---|
| 1. Do the residents appear neat, clean and odor free? | X Yes | / No | Renovations are continuing and making this facility much more homelike. |
| 2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* | X Yes | No | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | X Yes | No | |
| 4. Were residents interacting w/ staff, other residents & visitors? | X Yes | No | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | X Yes | No | |
| 6. Did you observe restraints in use? | Yes | X No | |
| 7. If so, did you ask staff about the facility's restraint policies? | Yes | No | |

| Resident Living Accommodations | | | Comments & Other Observations |
|---|---|---|---|
| 8. Did residents describe their living environment as homelike? | X Yes | No | |
| 9. Did you notice unpleasant odors in commonly used areas? | Yes | X No | |
| 10. Did you see items that could cause harm or be hazardous? | Yes | X No | |
| 11. Did residents feel their living areas were too noisy? | Yes | X No | |
| 12. Does the facility accommodate smokers? | X Yes | No | |
| 12a. Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside. | | | |
| 13. Were residents able to reach their call bells with ease? | X Yes | No | |
| 14. Did staff answer call bells in a timely & courteous manner? | X Yes | No | |
| 14a. If no, did you share this with the administrative staff? | Yes | No | |

| Resident Services | | | Comments & Other Observations |
|---|---|---|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | X Yes | No | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | X Yes | No | |
| 16a. Can residents access their monthly needs funds at their convenience? | X Yes | No | |
| 17. Are residents asked their preferences about meal & snack choices? | X Yes | No | ONE RESIDENT NOT GETTING MENUS ON 1st day of admission |
| 17a. Are they given a choice about where they prefer to dine? | X Yes | No | |
| 18. Do residents have privacy in making and receiving phone calls? | X Yes | No | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | X Yes | No | |
| 20. Does the Facility have a Resident's Council? | X Yes | No | |

* SIGNS DOWN WHILE WALLS BEING PAINTED
NO NUMBER TO CALL - STATE INTAKE UNIT