

2/20

Community Advisory Committee Quarterly Visitation Report

County: Buncombe

Facility Type:

Facility Name:

Adult Care Home

Family Care Home

WNE BAPTIST HOME

Combination Home

Nursing Home

Visit Date

2/05/14

Time Spent in Facility

hr

min

Arrival Time

am

pm

Name of Person Exit interview was held with:

Interview was held

In-Person

Name:

CHRIS EIMER

Phone:

Title: Check Box

Admn.

SIC (Supervisor in Charge)

Other staff

Committee Members Present:

Bob DuBrul, GENE KNORRER, JENNIFER KISEN

Report Completed by:

Bob DuBrul

Number of Residents who received personal visits from committee members: 1

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. (Required for Nursing Homes Only)

Yes

No

Staffing information is posted.

Yes

No

Resident Profile

Comments & Other Observations

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No

so, did you ask staff about the facility's restraint policies?

Yes

No

Resident Living Accommodations

Comments & Other Observations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- Where? Outside only Inside only Both Inside and Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

Resident Services

Comments & Other Observations

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, labor or religious groups? Yes No
- Does the Facility have a Resident's Council? Yes No

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.