

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%;">Family Care Home</td> </tr> <tr> <td>Combination Home</td> <td><input checked="" type="checkbox"/> Nursing Home</td> </tr> </table>	Adult Care Home	Family Care Home	Combination Home	<input checked="" type="checkbox"/> Nursing Home	Facility Name: BAPTIST - RICKMAN
Adult Care Home	Family Care Home					
Combination Home	<input checked="" type="checkbox"/> Nursing Home					
Visit Date: 1/14/15	Time Spent in Facility: 1 hr 45 min	Arrival Time: 9:05 am				
Name of Person Exit Interview was held with:		Interview was held: <input checked="" type="checkbox"/> In-Person				
Name: CHRIS ELMER		Phone:				
Title: Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>						
Committee Members Present: Bob DuBrul, LINDA WOBRELL, GENE RUDZICKI		Report Completed by: Bob DuBrul				
Number of Residents who received personal visits from committee members: 19						
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 COVERED				
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input checked="" 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	SURVEY MISSING				
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	SOME CONCERNS ABOUT SNOUT STAFF.				
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					