

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson		Facility Type:				Facility Name:							
		Adult Care Home	X	Family Care Home		Country Meadow - Willow Springs							
Visit Date: 07 23 15		Combination Home			Nursing Home								
						hr	15	min	Arrival Time	10	:	00	x
Person Exit Interview was held with: Cliff								Interview was held		In-Person			

Adm Tammy Tate	SIC (Supervisor in Charge)	X	Other Staff: (Name & Title)	(Bob - resident daschund)
Committee Members Present: Dauna Donato, Nancy Sloan, Carol Ward				Report Completed by: Carol Ward

Number of Residents who received personal visits from committee members: 0

Resident Rights Information is clearly visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted.	Not in common area. <input type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input 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 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	Census = 6 of 6. Four in residence since facility opened. Only one observed, others were in their rooms or out of the facility.

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input 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	Interior common areas were clean & comfortably furnished. NC Dept. of Environment & Natural Resources inspection done 1/15 did not give a score, but cited 3 areas in need of further cleaning. Areas have been cleaned & microwave oven replaced. Covered porch

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 type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	According to staff member.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

Building exterior, driveway & front grounds in need of cleaning; small branches, exposed tree roots, etc. could be hazardous for residents using wheelchairs.

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.

Exit Summary

Areas of Concern

- 17a. Are they given a choice about where they prefer to dine? Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No