

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON	Facility Type:				Facility Name:			
	Adult Care Home		Family Care Home		BRIAN CENTER HENDERSONVILLE (BCH)			
	Combination Home		Nursing Home					
Visit Date: 6-19-14	Time Spent in Facility: 2 hr 10 min			Arrival Time: 10 : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm				
Name of Person Exit Interview was held with:				Interview was held				In-Person

Name: LUTHER REEVES, LINN EASTON		Phone: (828) 698-6806	
Title: Check Box <input checked="" type="checkbox"/> Admn.	<input type="checkbox"/> SIC (Supervisor in Charge)	Other staff: REHAB DIRECTOR	
Committee Members Present: KANDY RICE, BERNIE BRODSKY, MARTHA SACHS, CALVIN TITOS, AUBREY CARRUTH		Report Completed by: AUBREY CARRUTH	
Number of Residents who received personal visits from committee members: 14			

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	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	<p><i>RESIDENTS WERE FREQUENTLY INTERACTING WITH STAFF/VISITORS. BRIAN CENTER'S REHAB DEPARTMENT (DIRECTED BY MS. LINN EASTON IS DEDICATED TO EFFECTIVE COMMUNITY RE-ENTRY OF SHORT-TERM CARE PATIENTS). THEY ARE LOOKING TO DEVELOP AN "OUTPATIENT PROGRAM" WITH THEIR LARGE EXPERIENCED STAFF OF OCCUPATIONAL, PHYSICAL & SPEECH THERAPISTS. MS. EASTON ACCURATELY STATES THAT "APPROPRIATE THERAPIES KEEP PEOPLE OUT OF HIGH-COST HOSPITAL BEDS."</i></p>
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. Do you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>THE FACILITY ENVIRONMENT WAS GENERALLY CLEAN & ODOR-FREE—ONE EXCEPTION, A COMMON AREA HAD A STAINED, DAMP, DIRTY CARPET SECTION. MAINTENANCE DEPARTMENT INITIATED IMMEDIATE CORRECTIVE ACTION. THE LOCKED ALZHEIMER WING IS SEEING SIGNIFICANT REFINEMENT IN TERMS OF PHYSICAL LAYOUT (NEW PAINT, FURNITURE) AND SPECIALIZED STAFFING SUPPORT.</i></p> <p>SANITATION SCORE: OVERALL-98%, KITCHEN-98%</p>
2. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
7. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
1. 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	<p><i>THE NEW ADMINISTRATOR LUTHER REEVES, A 30-YEAR NURSING HOME VETERAN, IS FIRMLY COMMITTED TO THE CONCEPT OF THE RESIDENTS' BILL OF RIGHTS WHICH EMPHASIZES PROVIDING ADEQUATE AND APPROPRIATE CARE. (WHICH INCLUDES A WEEKLY SESSION CALLED "BRIDGES" BY PSYCHOLOGIST, DR. MICHAEL FAULKNER WHICH ASSISTS RESIDENTS IN EASING THE TRANSITION FROM HOME TO INSTITUTIONAL CARE. BRIAN CENTER IS NOTABLY CONCERNED WITH RESIDENT SATISFACTION. MS. LAPITA CRUZ, THE ADMISSIONS COORDINATOR, ALSO SERVES AS THE BCH AMBASSADOR FOR RESIDENTS & THEIR FAMILIES WHO MAY HAVE QUESTIONS OR CONCERNS.</i></p>
2. 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	
3a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

● **CENSUS: AVAILABLE Beds-120 #BEDS Occupied-110**
● **FIRE EXTINGUISHERS-INSPECTED OK**
● **NO AREAS OF CONCERN**

THE RECENT N.C. DEPT. OF HEALTH & HUMAN SERVICES SURVEY INDICATED ZERO DEFICIENCIES.