

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson      Facility Type:      Facility Name: Brian Center  
    Adult Care Home      Family Care Home  
    Combination Home       Nursing Home

Visit Date: 10/8/15      Time Spent in Facility: 2 hr 15 min      Arrival Time:      :      :      am / pm  
 Name of Person Exit Interview was held with:      Interview was held:      In-Person

Name: Luther Reeves "Adm"      Phone: 828-582-1212  
 Title: Check Box      Admn.       SIC (Supervisor in Charge)      Other staff

Committee Members Present: Bennie Brodsky - Aubrey Carruth Martha Siehs      Report Completed by: Travis      Date: Oct 8, 2015

Number of Residents who received personal visits from committee members: \_\_\_\_\_  
 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.       Yes       No      (Required for Nursing Homes Only)      Staffing information is posted.       Yes       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 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 type="checkbox"/> Yes <input type="checkbox"/> No 6. Did 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	120 Beds - 102 Occupied 24 - Dementia units Aim of facility to return residents to their home setting ASAP Well Computerized Wellway All patient ID photo, meds, medical needs etc

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" 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 checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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	Sanitation 92.5 Kitchen Sanitation 96 New Dietary Mgmt - 10 kitchen help some not certified Therefore Low Rating

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input 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 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 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	Requesting Dept staff listings was not available to us by Adm. "Reason" turnover of help is history regarding this facility "my opinion"