

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
 Facility Type: Adult Care Home Family Care Home Nursing Home
 Facility Name: Complete Care
 Visit Date: 12/18/17 Time Spent in Facility: 1 hr 15 min Arrival Time: 11:30:00 am pm
 Interview was held: In-Person In-Home

Name of Person Exit Interview was held with: Johnnie Sanders Phone: (813) 888-1111
 Name: Johnnie Sanders SIC (Supervisor in Charge) Other staff
 Title: Check Box admn.

Committee Members Present: Mania King & Judy McDonough Report Completed by: JMK
 Number of Residents who received personal visits from committee members: 5 + 6 (11)

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
 Staffing information is posted. Yes No
 (Required for Nursing Homes Only)

Comments & Other Observations

Resident Profile

- 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
- Do you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Resident Living Accommodations

- 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

- Had to file a hand a DNA to resident (bed and control)

Comments & Other Observations

Resident Services

- 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, volunteer or religious groups? Yes No
- Does the Facility have a Resident's Council? Yes No

in the Solarium a group was leading a residents in a Carol Song

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.

Has residents' colonoscopy apt. been made

— will check w/ Nurse Practitioner

Why no more coffee @ Newspapers?

— DON will buy 1 Subscription

Food - Timing / Temp. — "surprised if it were even hot"

stale bread

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.

DHHS.DOA-022/2004

— left — inoperable or not enough staff

— 2 folks need 6-8 folks to get them in & out of bed

in process of getting new lift

Kudos:

Many folks dressed & out of room.

Group leading Carol Sing in Solace

Beauty Shop in operation