

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type: Adult Care Home Family Care Home Combination Home Nursing Home

Facility Name: Complete Care

Visit Date: 9-11-17 Time Spent in Facility: 30 hr 30 min Arrival Time: 10:00:am

Name of Person Exit Interview was held with: _____ Interview was held In-Person

Name: Katelyn Gonzalez, Johnnie Sanders (NOC) Phone: _____

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: Sarah Weiss, Maria Hines, Judy McDerough Report Completed by: J McDerough

Number of Residents who received personal visits from committee members: 5-5-4 (14)

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

Comments & Other Observations

Resident Profile

1. Do the residents appear neat, clean and odor free? Yes 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? Yes No

3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No

4. Were residents interacting w/ staff, other residents & visitors? Yes No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No

6. Do you observe restraints in use? Yes No

7. If so, did you ask staff about the facility's restraint policies? Yes No

Did not observe

Comments & Other Observations

Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No

9. Did you notice unpleasant odors in commonly used areas? Yes No

10. Did you see items that could cause harm or be hazardous? Yes No

11. Did residents feel their living areas were too noisy? Yes No

12. Does the facility accommodate smokers? Yes No

12a. Where? Outside only Inside only Both inside and outside.

13. Were residents able to reach their call bells with ease? Yes No

14. Did staff answer call bells in a timely & courteous manner? Yes No

14a. If no, did you share this with the administrative staff? Yes No

Most - see "Concerns"

Comments & Other Observations

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No

16a. Can residents access their monthly needs funds at their convenience? Yes No

17. Are residents asked their preferences about meal & snack choices? Yes No

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

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

1 resident had a call bell behind her bed.

1 ambulatory woman said it took 30 min. to ans. call bell

Beauty Shop used as a storage rm. - Hired new beautician

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

Kudos:

10 folks in Solarium for Catholic Church group sing & coffee.

New TV's

D.R. tables

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