

Community Advisory Committee Quarterly/Annual Visitation Report

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| County: Buncombe | Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home | Facility Name: Heart and Hearth |
| Visit Date: 10/11/17 | Time Spent in Facility: hr 15 min | Arrival Time: 2 : 20 pm |

Person Exit Interview was held with: **Sherry Richards SIC** Interview was held In-Person

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| SIC (Supervisor in Charge) | Other Staff: (Name & Title) |
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Committee Members Present: **John Bernhardt, Susan Stuart** Report Completed by: **Susan Stuart**

Number of Residents who received personal visits from committee members: **1**

Resident Rights Information is clearly visible. Y N Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N Staffing information is posted. Yes No

| Resident Profile | Comments & Other |
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| Resident Profile | Comments & Other |
|---|--|
| <p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. 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</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Resident I spoke with seemed very happy with the home and said she gets everything she needs.</p> |

1. If so, did you ask staff about the facility's restraint policies?

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| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
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| Resident Living Accommodations Observations | Comments & Other |
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| 1. Did residents describe their living environment as homelike? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1. Did you notice unpleasant odors in commonly used areas? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Did you see items that could cause harm or be hazardous? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 1. Did residents feel their living areas were too noisy? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 1. Does the facility accommodate smokers? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | | | | |
| Were residents able to reach their call bells with ease? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did staff answer call bells in a timely & courteous manner? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, did you share this with the administrative staff? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

This is the most homelike care home I have visited.

| Resident Services | Comments & Other Observations |
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| 1. Were residents asked their preferences or opinions about the activities planned for them at the facility? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 |
| Can residents access their monthly needs funds at their convenience? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are residents asked their preferences about meal & snack choices? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are they given a choice about where they prefer to dine? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 1. Do residents have privacy in making and receiving phone calls? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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|--|--------------------------|-----|-------------------------------------|----|
| 1. Is there evidence of community involvement from other civic, volunteer or religious groups? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Does the Facility have a Resident's Council? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

| Areas of Concern | Exit Summary |
|--|--|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> |

