

RHB

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Buncombe</b>	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>MARJORIE McCOWE CTR</b>
Visit Date <b>10-25-17</b>	Time Spent in Facility hr <b>45</b> min	Arrival Time <b>3:30</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <b>Leah GRAFE</b> <input type="checkbox"/> Other Staff Rep _____ (Name & Title) _____		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: <b>MARJORIE LATTA + MARY ADAMI</b>		Report Completed by: <b>MARGIE + MARY</b>
Number of Residents who received personal visits from committee members: <b>4</b>		
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 <i>(Required for Nursing Homes Only)</i>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### 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. Did you observe restraints in use?  Yes  No
7. If so, did you ask staff about the facility's restraint policies?  Yes  No

### Comments & Other Observations

*Residents appeared neat and dressed. Almost all interacting with others.*

### 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 & 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 *NOT SURE*
- 14a. If no, did you share this with the administrative staff?  Yes  No

### Comments & Other Observations

*Food available thruout the day and snacks at nighttime. Residents say treated well and with respect.*

### 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 *SOME*
20. Does the facility have a Resident's Council?  Yes  No  
Family Council?  Yes  No

### Comments & Other Observations

*Good Rounded Activities Calendar. Bingo scheduled and 17 Residents playing Bingo. A lot of Activity participation. a computer available and WiFi too.*

*Laundry door was open with no CNA or nurse*

### Areas of Concern

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

*No*

### Exit Summary

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

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.