

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b>  Buncombe		<b>Facility Type:</b>				<b>Facility Name:</b> Asheville Health Care Center													
			Adult Care Home		Family Care Home														
			Combination Home	x	Nursing Home														
<b>Visit Date</b>	Nov. 3, 2016	<b>Time Spent in Facility</b>				hr	30	min	<b>Arrival Time</b>	2	:	00			am			x	pm
<b>Person Exit Interview was held with:</b>										<b>Interview was held</b>			<b>In-Person</b>						
<b>Judy Valvik, interim DON, Jennifer Allen, Administrator</b>																			
<b>Adm</b>		<b>SIC (Supervisor in Charge)</b>				<b>Other Staff: (Name &amp; Title)</b>													
<b>Committee Members Present:</b> John Bernhardt and Karen Campbell												<b>Report Completed by:</b> John Bernhardt							

**Number of Residents who received personal visits from committee members: 5**

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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	Residents were neat and clean. Everyone met had positive comments about the facility. There was a happy attitude generally. Those involved in rehabilitation were enthusiastic about that program.
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 checked="" 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 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 checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	The management corporation's policy is to be a smoke-free campus. Thus residents who cannot quit have to go off campus, which means on the edge of Highway 70. This is
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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12a. Where? <input 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 checked="" 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

clearly hazardous to the residents. It is also unfair since staff have a sheltered smoking area on what is supposed to be a smoke-free campus.

A new administrator started this week. She seems to be very good--Experienced, sensible, understands what it takes to make a facility good. Since she has just arrived, it is not surprising that she is maintaining the management's no-smoking policy.

A new DON will come next week.

Resident Services	Comments & Other Observations
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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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No

Areas of Concern	Exit Summary
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The no-smoking policy, which is applied to residents but not staff, creates a hazard for the residents.

Changes in top staff can change the tone of a facility and the performance and retention of staff. This should be watched on future visits. The new administrator does seem to be very good.

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

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