

## Community Advisory Committee Quarterly/Annual Visitation Report

Co	unty	Facility Type:	☐ Family Care Home	Facility Name		
	ncombe	☐ Adult Care Ho☐ Combination	me 🗷 Nursing Home Home	Brian Center Health and Rehab of Weaverville		
	sit date	Time Spent in Fa	_ '	Arrival Time		
	4/18	1 Hr. 45		Am 12:45 PM		
	me of person Exit Interviev			(Name & Title)		
	Interview was held $\square$ In-Person $\square$ Phone $\square$ Admin $\square$ SIC (Supervisor in Charge) $\square$ Other Staff Rep					
	mmittee Members Present		1 ( 5 11 5 1	Report completed by:		
	Stepham Idhe, Maria Hines, Judy McDonough (+ Ruth Price Judy McDonough					
	mber of Residents who red					
Re	sident Rights Information is		0.00	information is correct and clearly		
Th	¥ Yes □ No		posted.			
1111	e most recent survey was read		Staffing information is po	Disted.		
	(Required for Nursing Homes		EM 163	L 110		
	Resident Prof		Comments a	and Other Observations		
1.	Do the residents appear r	neat, clean and				
	odor free? ☒ Yes ☐ No					
2.	,,					
	with personal care activit					
	their teeth, combing their					
	dentures or cleaning their	eyeglasses?				
	▼ Yes □ No					
3.	<b>/ </b>	_		*		
	encouraged to participate	1.5				
		s 🗆 No				
4.	Were residents interacting					
_	residents & visitors?		Especially on the lo	ocked unit		
5.	Did staff respond to or int residents who had difficul			oned drift		
		•	17			
	communicating or making their needs known verbally? ☑ Yes ☐ No					
6.	Did you observe restraints			2 2		
٠.	☐ Yes ☑ No	s iii doc;				
7.	If so, did you ask staff abo	out the facility's				
	restraint policies? \(\sigma\) Yes					

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Resident Living Accommodations	Comments and Other Observations
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 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	Most were out of bed Resident said they are slower after breakfast
administrative stair: 🗀 Yes 🗀 No	
Residential Services	Comments and Other Observations
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	New Activ. Dir. has added lots of NEW activities
16a. Can residents access their monthly needs funds at their convenience?  ☑ Yes ☐ No  17. Are residents asked their preferences about meal & snack choices?	One resident asks for and receives banana sandwiches
☑ Yes ☐ No 17a. Are they given a choice about where they prefer to dine? ☑ Yes ☐ No 18. Do residents have privacy in making and	Daily, per meal
receiving phone calls? 🛮 Yes 🛚 No	

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Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  One resident doesn't like boiled cabbage One lady in wheelchair, who has had multiple falls, was bending way out from her chair to pick up fallen pinto beans off the floor with a napkin.  Constitution of the floor with a napkin.	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.  Idm. took notes and will look into fall prevention or resident.  Cudos: