

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Emerald Ridge
Visit date 5-7-18	Time Spent in Facility 1 Hr. 45 Min	Arrival Time 9:30 Am PM
Name of person Exit Interview was held with BJ Rector, DON _____ (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep		
Committee Members Present: Maria Hines, Stephan Ihde and Judy McDonough		Report completed by: JMcD
Number of Residents who received personal visits from committee members: 18		
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 (Required for Nursing Homes Only)	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile	Comments and Other Observations	
<ol style="list-style-type: none"> Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses</i>? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>a few were still in night-clothes which may have been their preference.</p>	

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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>Jukebox not in use anywhere</p> <p>Locked Unit:</p> <ul style="list-style-type: none"> - needs more CD's. Old Gospel - 1 resident needs Just Press Play! - No "Store Closed" sign on Exit - Totally bare walls in hall - no visual stimulation - Clock in Dining Rm set to wrong time <p>Weekend staffing</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>Adm. listened to concerns and she is aware of these issues and is working on solutions.</p> <p>DON noticed the clutter on C Hall and plans to address this issue.</p> <p>She took notes about our concerns. A man on the locked until who was OVERstimulated by the music also had been taking the pictures off the walls.</p> <p>KUDOS: The noodle/Balloon activity was enjoyed by those who were playing!!</p>