

# Community Advisory Committee Quarterly/Annual Visitation Report

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County: Buncombe

Facility Type:		Facility Name: <u>60. Hornet Circle Asheville</u>	
<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<u>Angel House 1511 G house #7</u>	
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
Exit Date: <u>09.07.2018</u>	Time Spent in Facility: <u>1</u> hr <u>30</u> min	Arrival Time: <u>1</u> : <u>15</u> am (pm)	
Name of Person Exit Interview was held with:		Interview was held: <u>(In-Person)</u>	

Name: Maxien Thompson Phone: \_\_\_\_\_

Title:  Check Box  Admn.  SIC (Supervisor In Charge)  Other staff

Committee Members Present: Anne Minks, Margie Latta Report Completed by: Anne Minks

Number of Residents who received personal visits from committee members: 4 (four)

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
Most recent survey was readily accessible. <input 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	Comments & Other Observations
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. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <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 type="checkbox"/> Yes <input checked="" 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 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	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Where? <input checked="" type="checkbox"/> Outside only [ ] Inside only [ ] 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	
a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" 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	
a. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there evidence of community involvement from other civic, inter or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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?

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

A resident expressed difficulty obtaining her personal effects from previous residence. Referral made to Ombudsman.

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.

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