

Community Advisory Committee Quarterly /Annual Visitation Report

County:
Buncombe

Facility Type:				Facility Name			
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	MOUNTAIN VALLEY			
	Combination Home		Nursing Home				

Visit Date	9.25.2018	Time Spent in Facility	0	H	r	20	min	Arrival Time	11	:	25	X	a	m	pm
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Person Exit Interview was held with: STEPHEN JACKSON	Interview was held	<input checked="" type="checkbox"/> In-Person or xxx circle)
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SIC(Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Judy DeWitt Jeri Hahner Anne Minks	Report Completed by Jeri Hahner
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Number of Residents who received personal visits from committee members: Two / They both enjoyed the visits.

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted. Did not observe	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observation
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>The residents we saw were dressed and clean. There are three residents that need some assistance with personal needs. There are 4 Male residents and 2 Females. They range in age from 35-82 years.</p> <p>One male resident is hard of hearing and has a vision problem. He enjoyed visiting with our team members.</p>
<p>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>4. Were residents interacting w/ staff, other residents & visitors?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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? If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The SIC and his wife have made some really nice improvements to this home. It is an older structure. The living room has comfortable, inviting plushy couches arranged in a conversation format. The rug is spotless. The dining room has comfortable chairs arranged around the table. Bathrooms are clean. They seem to be doing a great job. They have some fall planting and decorating plans.

Resident Services

Comments & Other Observations

15. 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
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 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? Are they given a choice about where they prefer	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> <input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" 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

They have some books and games.

-----I did not address this.

Lunches are sandwiches, etc. They have a good supply of food on hand. They were served bacon and eggs for breakfast.
No special diets.

----There is a Community Center nearby that a couple of the residents go to. A couple of the residents have bicycles.

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.

The home has a friendly little dog and a cat that provide diversion for the residents.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.