

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Facility Name:</b>  Windwood Rest Home									
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home											
		<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home											
<b>Visit Date</b> 11/5/2018	<b>Time Spent in Facility</b>			hr	20	min	<b>Arrival Time</b>	11	:	50		am	<input checked="" type="checkbox"/>		
<b>Person Exit Interview was held with:</b> Barbara Robinson SIC							<b>Interview was held Yes</b>		<b>(In-Person )or Phone (Circle)</b>						
Barbara Robinson SIC		<b>SIC (Supervisor in Charge)</b>		<b>Other Staff: (Name &amp; Title)</b>											
<b>Committee Members Present:</b> Judy DeWitt, Bob Tomasulo							<b>Report Completed by:</b> Judy Dewitt								
<b>Number of Residents who received personal visits from committee members: 5</b>															
<b>Resident Rights Information is clearly visible.</b>						<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<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"/> Y	<input type="checkbox"/> N	<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	Place seemed clean and smelled okay.									
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Not discussed . No residents seemed to need help									
3. 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	Not discussed									
4. Were residents interacting w/ staff, other residents & visitors?		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Saw some interaction between residents and staff									
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	Did not see any residents having any difficulty									
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**

**Comments & 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  
Where?  Outside only  Inside only  Both Inside and 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  
If no, did you share this with the administrative staff?  Yes  No

Some residents had been there for many years

**Had no complaints**

No call bells . Speakers were on the wall but they said they didn't work. Said they just call down the hall if they need something

**Resident Services**

**CommentsX& 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  
Can residents access their monthly needs funds at their convenience?  Yes  No
- 17. Are residents asked their preferences about meal & snack choices?  Yes  No  
Are they given a choice about where they prefer to dine?  Yes  No
- 18. Do residents have privacy in making and receiving phone calls?  Yes  No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups?  yes  No
- 20. Does the Facility have a Resident's Council?  Yes  No

**Activities were posted**

**Did not discuss this with residents**

Some seemed hesitant about talking about this. Said they could get a sandwich if they didn't like meal

**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?  
Some residents seemed uncomfortable with something but seemed afraid to say much because they didn't want to complain. It may have been a food issue. I assured them that we wouldn't say anything without their consent.

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

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