

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Asheville Health Care Center												
			Adult Care Home		Family Care Home													
			Combination Home	X	Nursing Home													
Visit Date	5/4/17	Time Spent in Facility				hr	50	min	Arrival Time	2	:	40		am			X	pm
Person Exit Interview was held with:										Interview was held			In-Person					
Jwnnifer Allen, Administrator																		
Adm		X	SIC (Supervisor in Charge)			Other Staff: (Name & Title)												
Committee Members Present: John Bernhardt, Diane Deurmit												Report Completed by: John Bernhardt						

Number of Residents who received personal visits from committee members: 5

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. (Required for Nursing Homes Only) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <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	Residents we talked with were very communicative. One who must transfer from skilled nursing to assisted living did not want to leave. Another has been there 6 years and is happy being there. An aide coming up behind a wheelchair ruffled the resident's hair; the resident said, "Get out of here" and both laughed in a good interaction between friends.
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	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
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 Observations	Comments & Other
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The administrator had ordered a large screen for programs in the dining room but it was too large so will be used outdoors in good weatherr. She got
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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

another one that can be used in the dining room. She has bought virtual reality glasses and software to give residents an interesting break from the monotony. Obviously this will be used selectively with residents who can handle this strange world.

The management company has a policy that no smoking is allowed for residents though staff have a sheltered space out back. Last year a wheel chair resident was on the edge of Highway 70 so he could have his smoke. However this may be less an issue now.

Resident Services	Comments & Other Observations
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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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<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

Overall, there seems to be a very good atmosphere, attention to residents' needs and relation between residents and staff.

Areas of Concern	Exit Summary
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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. **Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

