

4/12/17

# Community Advisory Committee Quarterly/Annual Visitation Report

County:  Buncombe	Facility Type:			Facility Name:			
	Adult Care Home		Family Care Home	Mountain Ridge Wellness Center			
	Combination Home	X	Nursing Home				

Visit Date	8/15/17	Time Spent in Facility		hr	30	min	Arrival Time	1	:	15			am	X	pm
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Person Exit Interview was held with:	Interview was held	X	In-Person
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Andrew Beyer, Administrator

Adm	X	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, Diane Duermit	Report Completed by: John Bernhardt
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Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>The facility is located almost on the McDowell County line so a large number of the staff and residents are from there. However Mission Hospital now discharges many patients recovering from surgery, so there is a large short-term rehabilitation unit with many Buncombe residents.</p> <p>Residents were clean and neatly dressed. The activity listed was quiet time, so few were available to talk with. One was happy being there. One had been moved at family's request to a room near the nurses' station. The roommate wakes up screaming. This problem was discussed.</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?	<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 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 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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? [ ] Outside only [ ] Inside only [ ] 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

**Resident Services**

**Comments & Other Observations**

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Music with headphones is much used to help residents who are disturbed, depressed , etc. It is very effective.

The administrator knows his residents and their individual needs.

**Areas of Concern**

**Exit Summary**

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.