

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Smith Street Village 30												
		<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home													
			Combination Home		Nursing Home													
Visit Date	4/21/17	Time Spent in Facility				hr	20	min	Arrival Time	10	:	15		<input checked="" type="checkbox"/>	am		<input type="checkbox"/>	pm
Person Exit Interview was held with: Lillie Jackson, SIC										Interview was held			In-Person					
Adm		SIC (Supervisor in Charge)		<input checked="" type="checkbox"/>	Other Staff: (Name & Title)													
Committee Members Present: John Bernhardt, Susan Stuart										Report Completed by: John Bernhardt								

Number of Residents who received personal visits from committee members: 2

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 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? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	.6 residents, all male. Three were out for the day with regular activities. One who is usually busy in his room working on models had chosen yesterday to work on the yard with the landscaper. He was resting, tired and sore but happy with what he had done. Very happy being at the place.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
4. Were residents interacting w/ staff, other residents & visitors? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
6. Did you observe restraints in use? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
7. If so, did you ask staff about the facility's restraint policies? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	SIC is very good. Said she came here because she likes to take care of people and to cook. This seemed to be true. All was quite clean. The building probably old but had new
9. Did you notice unpleasant odors in commonly used areas? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	

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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both				
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input 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

flooring and well maintained.

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 checked="" 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 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

The required schedule of activities for the month was posted but they seemed to do their own thing. There is some social mixing between the four 6-bed homes.

Areas of Concern	Exit Summary
------------------	--------------

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.
