

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:			
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	Windwood Rest Home			
		Combination Home		Nursing Home				

Visit Date	1/25/17	Time Spent in Facility		hr	35	min	Arrival Time	10	:	45		<input checked="" type="checkbox"/>	am		<input type="checkbox"/>	pm
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Person Exit Interview was held with:	Interview was held	In-Person or Phone (Circle)
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Lisa Suttles, SIC

Adm	SIC (Supervisor in Charge)	<input checked="" type="checkbox"/>	Other Staff: (Name & Title)
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Committee Members Present: Brad Alexander, John Bernhardt, Susan Stuart	Report Completed by: John Bernhardt
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Number of Residents who received personal visits from committee members: 4

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
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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	10 residents currently plus 2 openings. The facility is careful to get residents who would be compatible and not disruptive. Also hires only staff who are good and provide good care. SIC is very good, as is the owner. Had limited conversation with residents but they seemed happy with the place, felt at home. Three were outside enjoying the sun, two watching TV, three puttering around, at home in their rooms
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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	All clean and neat. Dinner table already set attractively. A resident had requested a subscription to Archeology magazine be renewed, which was done.
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 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 Inside and Outside.				
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

The SIC has sometimes baked a cake for the residents using no sugar so it is healthier.

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 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 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Several local churches pick up residents for church and sometimes come for visits. One church member used to come play the piano in the day room but has not recently.

Areas of Concern	Exit Summary
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Areas of Concern

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.

