

Community Advisory Committee Quarterly/Annual Visitation Report

County BUNCOMBE	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: WOODLAND TERRACE #3
Visit Date 6 27 18	Time Spent in Facility hr 20 min	Arrival Time 12 : 30 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with BEVERLY DAVIS		Interview was held <input checked="" type="checkbox"/> In-Person
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff

Supervisor: **BEVERLY DAVIS** (Name & Title)

Committee Members Present: **SHARON WHITE MARSHA SAFIAN** Report Completed by: **MARSHA SAFIAN**

Number of Residents who received personal visits from committee members: **1**

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
Most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Required for Nursing Homes Only</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
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<p>1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <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</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If <input type="checkbox"/> did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1 of the residents of this home was screaming, cursing + throwing chairs, etc. Most of the residents were not in home due to this problem.</p>
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Resident Living Accommodations	Comments & Other Observations
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<p>1. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Did you see items that could cause harm or be hazardous? 0. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Did residents feel their living areas were too noisy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the facility accommodate smokers? 2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.</p> <p>3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Very difficult to talk to the other residents because of what was happening with the resident who was "out of control".</p>
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Resident Services	Comments & Other Observations
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<p>5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal & snack choices? 7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other civic, ethnic or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>no activity calendar laundry room not ONCE A MONTHly checked. at home was dirty.</p>
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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.

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

6 RESIDENTS
0 VACANCIES
3 MALE 3 FEMALE
AGES
18-58