

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe <i>Buncombe Co</i>		Facility Type: <input checked="" type="checkbox"/> Adult Care Home		Family Care Home		Facility Name: <i>MARJORIE McCONE Cent.</i>					
		Combination Home		Nursing Home							
Visit Date <i>6-30</i>	<i>6-12-19</i>	Time Spent in Facility	hr	<i>4/5</i>	min	Arrival Time	<i>5</i>	:	<i>00</i>	am	<input checked="" type="checkbox"/> pm

Person Exit Interview was held with: LATTA + ADAMI <i>Kelly Allen</i>	Interview was held <input checked="" type="checkbox"/>	In-Person <input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: <i>LATTA + ADAMI</i>	Report Completed by: <i>LATTA + ADAMI</i>
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Number of Residents who received personal visits from committee members: *6*

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Needs New INFO</i>
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" 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	<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 20px;"> Miped ages and interest of Residents They all seem to get along well </div> <div style="font-family: cursive; font-size: 1.2em;"> Building kept in good condition </div>
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 checked="" 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 checked="" 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 checked="" 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

Comments & Other Observations

- 8. Did residents describe their living environment as homelike? Yes No
- 9. Did you notice unpleasant odors in commonly used areas? Yes No
- 10. Did you see items that could cause harm or be hazardous? Yes No
- 11. Did residents feel their living areas were too noisy? Yes No
- 12. Does the facility accommodate smokers?
Where? Outside only Inside only Both Inside and Outside. Yes No
- 13. Were residents able to reach their call bells with ease? Yes No
- 14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff? Yes No

A call unit transformer was taped to the electrical outlet - Gina said a new one should arrive tomorrow.

Soap left out in Bathroom

Resident Services

Comments & Other Observations

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer to dine? Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

a lot of community activities and good participation from Residents.

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? *NO*

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.

