

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Complete Care
Visit date 2/12/18	Time Spent in Facility 1 Hr. 30 Min	Arrival Time 11:40 Am PM
Name of person Exit Interview was held with <u>Katelyn Gonzalez</u> (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Maria Hines and Judy McDonough		Report completed by: JMCD
Number of Residents who received personal visits from committee members: 14		
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile	Comments and Other Observations	
<ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses</i>? <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 checked="" 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 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 	<p>Many were still in bed in bedclothes</p>	

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>No van anymore</p> <p>One resident wanted more social activities others would show up for</p> <p>Beautician hours are inadequate Kudos: "Food's good", Church singing group was leaving as we arrived, most residents went to dining room for lunch, Newspaper with coffee has been reinstated</p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>