



Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name: Windwood Care Home									
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home										
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home										
Visit Date	3/15/18	Time Spent in Facility	hr	15	min	Arrival Time	1	:	50			pm

Person Exit Interview was held with: Linda Williams, SIC

Interview was held Interview was not held In-Person Interview was not in-person

Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, Susan Stuart

Report Completed by: Susan Stuart

Number of Residents who received personal visits from committee members: 3

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	

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No

6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations Observations	Comments & Other
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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? Yes No
- Outside only
13. Were residents able to reach their call bells with ease? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

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? Yes No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and

Resident Profile
Comments & Other Observations

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

Only for nearby church services.

Areas of Concern

Exit Summary

Floor was unusually dirty. SIC said that mopping utensils were in locked closet that other SIC had forgotten and taken the key.

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

