

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:							
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	Candler Living Center							
		Combination Home		Nursing Home								
Visit Date	8/16/17	Time Spent in Facility			Arrival Time	1	:	30		am	<input checked="" type="checkbox"/>	pm

Person Exit Interview was held with:	Interview was held	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> or Phone (Circle)
--------------------------------------	--------------------	--

Stacey Wooten			
	SIC (Supervisor in Charge)	<input checked="" type="checkbox"/>	Other Staff: (Name & Title)
			PCA

Committee Members Present: John Bernhardt Susan Stuart Brad Alexander	Report Completed by: Brad Alexander
--	---

Number of Residents who received personal visits from committee members: 8			
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

The most recent survey was readily accessible. <i>(Required for Nursing Homes Only)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---------------------------------	---

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	<p>One staff was observed in conversation with resident with positive interactions, listening and understanding. Many residents interacting with each other in common areas.</p> <p>SIC made sure to address a resident who was waiting to meet with her.</p> <p>At the time of our visit the staffing ratio was adequate</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? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
4. Were residents interacting w/ staff, other residents & visitors? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
6. Did you observe restraints in use? <div style="float: right; text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
7. If so, did you ask staff about the facility's restraint policies? <div style="float: right; text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers? Where? [X] Outside only [] Inside only [] Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Were residents able to reach their call bells with ease?	<input checked="" 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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Only one bathroom was in use as the others were under repair.

No obvious unpleasant odors.

Uneven flooring in hallway looked like fall hazard.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" 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? 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? Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input checked="" 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 checked="" type="checkbox"/>	No

Facility now has an Activity Director who is there twice a day. Earlier in the day she brought a lizard to visit the residents – it was a hit. A birthday party was planned for the evening. Staff report that residents are becoming more engaged in activities and have a variety to participate in.

Transportation to store provided once a month.

The nearby church brings people to church services on Sundays and makes regular donations of clothing and personal care items.

A cash snack machine and drink machine is available on-site.

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?

Portion of flooring in disrepair. Some flooring was new.

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

Spoke with PCA about increase in activities and Activity Director starting 3 weeks ago.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.