

Community Advisory Committee /Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name					
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home		MOUNTAIN VALLEY (FAMILY CARE HOME) RETIREMENT HOME					
Combination Home		Nursing Home								
Visit Date JUNE 9, '17	Time Spent in Facility 0 Hr 10 min				Arrival Time 10:	:	45	X	a	pm
Person Exit Interview was held with: SHERRY WARREN					Interview was held		X In-Person or xxx circle)			

SHERRY WARREN	<input checked="" type="checkbox"/>	SIC(Supervisor in Charge)	Other Staff: (Name & Title)	(SPOUSE)
Committee Members Present: JERI HAHNER BOB TOMASULO			Report Completed by JERI HAHNER	

Number of Residents who received personal visits from committee members: 2 –just to greet briefly

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. JUNE 10, 2017 MAILED A CORRECT LIST	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)		Y		N	Staffing information is posted. Did not observe		Yes		No

Resident Profile	Comments & Other Observation
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 residents 3Male 3Female age range 45-86 (a married couple) MEDS WERE LOCKED, LAUNDRY WAS LOCKED AND BEING DONE. IT IS DONE FOR THE RESIDENTS. DID NOT OBSERVE DID NOT OBSERVE
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 type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
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? Yes No
Where? Outside only Inside only Both Inside and Outside.
- 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
If no, did you share this with the administrative staff? Yes No

CARPETING LOOKED NEW. THE COMMON AREA WAS NEAT AND CLEAN.

DID NOT OBSERVE

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? Yes No
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices? Yes No
Are they given a choice about where they prefer 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

ONE RESIDENT WOULD LIKE LIBRARY ACCESS. TRYING TO ACCOMMODATE HIM.

DID NOT ASCERTAIN THIS INFO

KITCHEN CLEAN. NO PREPARATION VIEWED. 1 DIABETIC DIET. LUNCH PLANNED WAS TACOS BEANS AND SALAD. STATE MANDATE?

I MAILED AN UPDATED COMMITTEE LIST. AT THE SAME TIME I SUGGESTED THAT THE SIC CONTACT LOCAL CHURCHES, SCHOOLS AND NON-PROFITS TO DO SERVICE PROJECTS AT THE FACILITY.

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?

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

CHECK TO SEE IF THERE IS AN IMPROVEMENT IN COMMUNITY CONNECTIONS. BRING BOOKS TO DONATE TO THE HOME.

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