

## Community Advisory Committee Quarterly / Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name						
		<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home			#1 HOME North Ridge						
		Combination Home	Nursing Home		5/6 2 Female 3 Male							
Visit Date	5/6/17 <sup>SW</sup>	Time Spent in Facility	0	H	20	min	Arrival Time	11	:	45	am	pm
Person Exit Interview was held with: Tammie Tate							Interview was held	<input checked="" type="checkbox"/> In-Person or xxx (circle)				
Walt Chambers		<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other Staff: (Name & Title) Tammie Tate Director									
Committee Members Present: SHARON WHITE & MARSHO SAFION							Report Completed by: SHARON WHITE					
Number of Residents who received personal visits from committee members: 2												
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	Newest FORM Given		
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			

Resident Profile	Comments & Other Observation
1. Do the residents appear neat, clean and odor free?	<p style="font-size: 1.2em; margin: 0;">MET with SIC &amp; 2 residents &amp; Director outside on deck</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 type="checkbox"/> Yes <input checked="" 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 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 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 checked="" type="checkbox"/> No	

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	did not enter this home this visit
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" 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? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	DID NOT ENTER HOME THIS VISIT
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	
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	When asked, they sounded content with how things were
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	
	<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	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	DID NOT SEE AREA (due to not being indoors) but they acknowledged VISITS
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 type="checkbox"/>	No	

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>The Director already had set in motion actions to treat for bedbugs in another building and suggested we might want to not do our visit indoor. She went into Building #1 et asked 2 residents &amp; the SIC to come out and talk with us.</p> <p>Tammy greeted us away from Residents in front of the home. Told us she called the Department, Exterminators, and telling us, and asked if there was more she needed to do.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>

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