



Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:	
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Millbrook <u>Smith St. Village # 94</u>
	Combination Home		Nursing Home	
Visit Date: 10/25/17	Time Spent in Facility		hr 20	min
			Arrival Time	1 : 45 pm

Person Exit Interview was held with: **Melissa Sullivan, Adm.** Interview was held In-Person

Adm	SIC (Supervisor in Charge: Cecily (not present))	Other Staff: (Name & Title)
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Committee Members Present: **Brad Alexander, 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. Yes No Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Yes No Staffing information is posted. Yes No

Resident Profile	Comments & Other
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Observations	Resident Profile	Comments & Other
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This a home for 6 women who appear to be relatively independent and mobile.
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 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 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 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 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
- 12a. 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
- 14a. If no, did you share this with the administrative staff? Yes No

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
- 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 receiving phone calls? Yes No

Residents who wish to attend church either walk to a nearby church or the SIC will drive them there. At least one resident plans to participate in a church community lunch soon.

This is a very clean, pleasant family care home

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Areas of Concern

Exit Summary

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

