



Community Advisory Committee Quarterly / Annual Visitation Report

96

County: Buncombe		Facility Type:				Facility Name							
		<input checked="" type="checkbox"/> Adult Care Home				TRINITY VIEW							
		<input type="checkbox"/> Combination Home											
		<input type="checkbox"/> Nursing Home											
Visit Date	11.12.2018	Time Spent in Facility	0	H	35	min	Arrival Time	1	:	00		a	pm
				r								m	<input checked="" type="checkbox"/>

Person Exit Interview was held with:
GINA HARMON RESIDENTS CARE COORDINATOR

Interview was held **In-Person or xxx circle)**

SIC(Supervisor in Charge) _____ **Other Staff: (Name & Title)** _____

Committee Members Present: JERI HAHNER MARSHA SAFIAN

Report Completed by JERI HAHNER

Number of Residents who received personal visits from committee members:

FOUR RESIDENTS – all satisfied

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. (Required for Nursing Homes Only)	<input type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Did not observe		

Resident Profile **Comments & Other Observation**

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	17 RESIDENTS/ 2 MALE 15 FEMALE AGE RANGE 80+ TO 90+ MOST OF THE RESIDENTS NEED SOME SORT OF PERSONAL CARE. MOST WERE RESTING IN THEIR ROOMS AFTER LUNCH. DID NOT OBSERVE THAT. HOWEVER, THEY PROVIDE PERSONAL ASSISTANCE. ONE RESIDENT VOLUNTEERED THAT SHE HAD FALLEN AND PULLED THE CORD IN HER BATHROOM THAT MORNING. FORTUNATELY, SHE HAD NO INJURY FROM THAT FALL.
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 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 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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	THE COMMON ROOM IS FURNISHED WITH COMFORTABLE CHAIRS, ETC. AND HAS A TV. ONE WOMAN WAS READING THE PAPER THERE.
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 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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Where? [X] Outside only [] Inside only [] Both Inside and Outside.					
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 checked="" 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	I DID NOT INQUIRE ABOUT THIS. HOWEVER, THE ACTIVITY CALENDAR HAD A LOT OF ENTRIES.
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	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	THIS IS A FACILITY WITH FEW RESIDENTS AND A VERY HIGH QUALITY LEVEL OF CARE. I WOULD IMAGINE THAT STAFF IS VERY FAMILIAR WITH RESIDENTS NEEDS AND DESIRES.
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input 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 type="checkbox"/>	No	WILL INQUIRE ABOUT THIS NEXT TIME.

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.

OBSERVED NOTHING PROBLEMATIC.

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

