

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:			
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Leicester Heights		
	Combination Home		Nursing Home			
Visit Date 4/20/18	Time Spent in Facility	hr 10	min	Arrival Time	10 : 35	am
Person exit interview was held with: Alma Plemmons , SIC				Interview was held	In-Person	
Adm	SIC (Supervisor in Charge)	Other staff: Laura Parker				
Committee Members Present: 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.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/>
		Yes	<input type="checkbox"/>	No		<input type="checkbox"/>
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Staffing information is posted.	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No		<input type="checkbox"/>

Resident Profile	Comments & Other	
Observations		
1. Do the residents appear neat, clean and odor free?	<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 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? Yes No
- 7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations Observations			Comments & Other
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| 8. Did residents describe their living environment as homelike? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | Committee members delivered an activity box from the RLTCO and residents seemed very happy to received it. They said they would share the contents. |
| 9. Did you notice unpleasant odors in commonly used areas? | | Yes | <input checked="" type="checkbox"/> | No | |
| 10. Did you see items that could cause harm or be hazardous? | | Yes | <input checked="" type="checkbox"/> | No | |
| 11. Did residents feel their living areas were too noisy? | | Yes | <input checked="" type="checkbox"/> | No | |
| 12. Does the facility accommodate smokers? | <input checked="" type="checkbox"/> | Yes | | No | |
| 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> 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
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|---|-------------------------------------|-----|--------------------------|----|
| 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? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16a. Can residents access their monthly needs funds at their convenience? | | Yes | <input type="checkbox"/> | No |
| 17. Are residents asked their preferences about meal & snack choices? | | Yes | <input type="checkbox"/> | No |
| 17a. Are they given a choice about where they prefer to dine? | | Yes | <input type="checkbox"/> | No |

18. Do residents have privacy in making and receiving phone calls?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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 type="checkbox"/>	No
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Areas of Concern		Exit Summary
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Laura Parker, who is a relative of Ms. Plemmons, the SIC, was wearing the keys around her neck and said she was acting SIC while Ms. Plemmons was ill today. She did alert Ms Plemmons, who came out from her room and said she had been up with a stomach bug all night. Laura said she was preparing the meals that day. (Laura Parker is one of the residents.)
The home was clean and had no odors, but the Christmas tree was still up in the sitting area (in April).
Residents expressed satisfaction with the home.

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

