

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: Adult Care Home <input checked="" type="checkbox"/> Family Care Home Combination Home Nursing Home	Facility Name: Woodland Terrace #2
Visit Date 4/20/18	Time Spent in Facility hr 10 min	Arrival Time 11 : 15 am pm
Person Exit Interview was held with: Sharon Allen, SIC		Interview was held <input type="checkbox"/> In-Person or Phone (Circle)
SIC (Supervisor in Charge)		Other Staff: (Name & Title)
Committee Members Present: John Bernhardt, Susan Stuart		Report Completed by: Susan Stuart

Number of residents who received personal visits from committee members: 0

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

Resident Profile Observations	Comments & Other
1. Do the residents appear neat, clean and odor free?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did residents say they receive assistance with personal care activities. Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes <input type="checkbox"/> No <input type="checkbox"/>

No residents were present at the time of the visit. Ms. Allen said the men seldom stay at home during the day. The day we visited, she said most of the men were at a day program at Mountain House. Their transportation to and from there is by Mountain Mobility.

The home was immaculately clean and neat.

Resident Living Accommodations Observations

Comments & Other

- | | | |
|---|---|----|
| 8. Did residents describe their living environment as homelike? | Yes | No |
| 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 | No |
| 12. Does the facility accommodate smokers? | <input checked="" type="checkbox"/> 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 |

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 to dine? | Yes | 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

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.

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