

Community Advisory Committee Quarterly/Annual Visitation Report

#6

County: Buncombe

Facility Type: Adult Care Home Family Care Home
 Combination Home Nursing Home

Facility Name: Angel House #3F

Visit Date: 9-7-18 Time Spent in Facility: 25 hr 0 min Arrival Time: 3 : 35 am 0 pm

Name of Person Exit Interview was held with: Patricia Moehring Interview was held In-Person

Name: Patricia Moehring Phone: _____

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: LATTA ADAMI Report Completed by: LATTA + ADAMI

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. Yes No
 (Required for Nursing Homes Only)

Staffing information is posted. 24-7 Yes No

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

There are 5 residents with 1 more coming back next day. All men.

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
- Were residents able to reach their call bells with ease? Yes No
- 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

Comments & Other Observations

Laundry Locked
 Food Great - Home Clean and neat - Clean Bath
 1 Resident works others stay in community.
 all rooms have fan on ceiling

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 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
- 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
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the Facility have a Resident's Council? 2 Yes No

Comments & Other Observations

Residents have activities in home + community. Also go into town for some activities - On Bus line. WiFi available free
 would change nothing.
 Happy there.

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.

no

nothing

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