

Community Advisory Committee Quarterly / Annual Visitation Report

96

County: Buncombe	Facility Type:				Facility Name <i>Mau Flower</i>										
	<input type="checkbox"/> Adult Care Home	X	<input type="checkbox"/> Family Care Home	<input type="checkbox"/> Nursing Home											
<input type="checkbox"/> Combination Home															
Visit Date	9.25.2018	Time Spent in Facility	0	H	15	min	Arrival Time	10	:	45	:	4	X	a	pm
Person Exit Interview was held with:							Interview was held		In-Person or xxx circle)						
EVETTE TRANTHAM							X								
Evette Trantham		X SIC(Supervisor in Charge)		Other Staff: (Name & Title)			Person from CarePartners was present.								
Committee Members Present: Judy DeWitt Jeri Hahner Anne Minks							Report Completed by Jeri Hahner								

Number of Residents who received personal visits from committee members: **Three/ All were sociable.**

Resident Rights Information is clearly visible.	X	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted.	X	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. Did not observe	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observation
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>There are five female residents whose ages range from 75-102 years of age. The eldest is in Hospice Care.</p> <p>Residents have lived here from 1 month to 8 years.</p> <p>There were four residents in the living room with the TV on. One resident was laying in her room. The Hospice resident was reclining in the Living RM covered with a blanket and sleeping.</p> <p>One person was having their hair combed in the Living Room. They were all dressed.</p> <p>All of the residents need enhanced care of some kind..</p>
<p>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>4. Were residents interacting w/ staff, other residents & visitors?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input 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? <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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input 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

The home is very clean, comfortable and accommodating. There is a wall of books and games, etc. for them.

In the event of foul weather and an electrical outage, the home has a back-up generator.

The home only takes female residents.

I don't believe that there are any smokers.

-----There are no call bells in the rooms. The residents are monitored by Video Monitors. The SIC sleeps in the foyer at the end of the hall.

Resident Services

Comments & Other Observations

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are they given a choice about where they prefer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

-----I did not address these questions.

The residents are fed in the dining room. They are not expected to be at breakfast at a certain time. When they get up they are given their meal. Everyone is on a regular diet.

Church group comes by every 2 months or so. They have entertainment at Christmas.

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.

AN ESPECIALLY NICE AND "HOMEY" FEEL OF FAMILY AT THIS HOME.

EVETTE HAD RECEIVED AN APPRECIATION AWARD FROM OUR COMMITTEE AND HAD PROUDLY FRAMED IT AND PLACED IT ON THE WALL.

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