

WJC

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:			
	Adult Care Home	Family Care Home	Asheville Health Care Cent4er			
Combination Home	X Nursing Home					

Visit Date	8/10/17	Time Spent in Facility	hr	40	min	Arrival Time	11	:	15	X	am	pm
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Person Exit Interview was held with:	Interview was held	X	In-Person
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Jennifer Allen, Administrator

Adm	X	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present:	John Bernhardt, Diane Duermit	Report Completed by:	John Bernhardt
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Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Most residents were already in the dining room with soup and liquids but it was half an hour before the meal would be served. This got them out of their rooms and potentially mixing together, though all were silent and unmoving.</p> <p>One resident was actively walking, full of conversation, pushed people in wheelchairs. Another in her room until lunch began had much perceptive conversation. Both were happy with the care and attention. The therapy unit is always praised.</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?	<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 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 checked="" 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 Observations			Comments & Other
8. Did residents describe their living environment as homelike?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>The management company has a firm policy of no smoking on the grounds, anywhere. This does not apply to staff who have a covered area outside to smoke. This policy</p>
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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12a. Where? <input 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 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
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

can be a problem for residents who can't break their habit. One used to sit in his wheelchair on the edge of Highway 70 to have his smoke.

**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
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
16a. 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Areas of Concern**

**Exit Summary**

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. **Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.