

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Facility Name:</b>  <b>Deaverview</b>									
		<input type="checkbox"/>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home										
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home										
<b>Visit Date</b>	2/15/17	<b>Time Spent in Facility</b>			hr	30	min	<b>Arrival Time</b>	9	:	30	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm

<b>Person Exit Interview was held with:</b>	<b>Interview was held</b>	<b>In-Person or Phone (Circle)</b>
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<b>Jeffrey Wilson</b>			
<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>	

<b>Committee Members Present:</b> John Bernhardt      Susan Stuart Brad Alexander	<b>Report Completed by:</b> Brad Alexander
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<b>Number of Residents who received personal visits from committee members: 8</b>			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A prospective new resident was set to move in. He had already come for a visit with a family member and met the SIC. SIC stated that it is important to them that it is a good fit for new people moving in.
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 checked="" 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 checked="" 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? <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**

**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 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 checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 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

House was clean, well lit and made to feel like a home.

SIC tested call bell for proper functioning.

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

Residents have multiple opportunities to go into the community for various activities and to spend money.

A state-approved menu is used with substitutions as needed. Water, coffee, and fresh fruit is out and available at all times.

Two of the five people living there were out of the house participating in Day Programs of their choice.

**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.

N/A

SIC was recognized by the Community Advisory Committee for protecting resident rights and showing kindness and compassion to residents.

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