

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
~~Emerald Ridge~~

Facility Type:		Facility Name:	
		<u>Emerald Ridge</u>	
Adult Care Home	<input type="checkbox"/>	Family Care Home	<input type="checkbox"/>
Combination Home	<input checked="" type="checkbox"/>	Nursing Home	<input type="checkbox"/>

Visit Date: 5/22/17 Time Spent in Facility: 1 hr 30 min Arrival Time: 11 : 30 am pm

Person Exit Interview was held with: 5+12 + 3+4 (24) Interview was held (In-Person or Phone (Circle))

Darlene Ellis INT. DON

Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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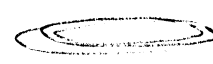
Committee Members Present: Marta Hines, Eleanor Lane, Sarah Weiss, Judy McDonough Report Completed by: Judy McDonough

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<p><u>- 2 on locked unit not odor-free</u></p> <p><u>DNA</u></p> <p><u>"Why don't you try it" - showing how to use call bell</u></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?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike?	<p><u>lots of photos</u></p>
9. Did you notice unpleasant odors in commonly used areas?	



10. Did you see items that could cause harm or be hazardous?

Yes No

11. Did residents feel their living areas were too noisy?

Yes No

12. Does the facility accommodate smokers?

Yes No

12a. 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

14a. If no, did you share this with the administrative staff?

Yes No

several complaints of noise in C Hall - start after lunch
staff found bell & showed how to use it - when asked

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

Yes No

Would like different activity

16. 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

17. Are residents asked their preferences about meal & snack choices?

Yes No

Food Council

17a. Are they given a choice about where they prefer to dine?

Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes No

20. Does the Facility have a Resident's Council?

Yes No

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?

Where's the jukebox! ?
Yelling on C Hall
Clothes Hamper / Soiled Clothes issue

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

lollipops on locked unit w/ soothing music
out & still in use
2 residents - hollering - evaluated

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.

Kudos: Fam. / Popcorn Night
* * Food Council
Locked Unit - Up & About.

Sound & Sight
Pain Mgmt.