

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Heart and Hearth														
		Adult Care Home	X	Family Care Home																
		Combination Home		Nursing Home																
Visit Date	5/19/17	Time Spent in Facility				hr	15	Arrival Time		11	:	30		am	X	pm				
Person Exit Interview was held with:										Interview was held		In-Person								
Steve Ruggles, SIC and owner																				
Adm			SIC (Supervisor in Charge)			Other Staff: (Name & Title)														
Committee Members Present: Brad Alexander, John Bernhardt, Susan Stuart										Report Completed by: John Bernhardt										
Number of Residents who received personal visits from committee members: 1																				
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 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?										X	Yes		No	Currently 4 residents and a room is being prepared for one more						
2. Do residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?											Yes		No							
3. Did you see or hear residents being encouraged to participate in their care by staff members?										X	Yes		No							
4. Were residents interacting w/ staff, other residents & visitors?											Yes		No							
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?											Yes		No							
6. Did you observe restraints in use?											Yes	X	No							
7. If so, did you ask staff about the facility's restraint policies?											Yes		No							
Resident Living Accommodations Observations										Comments & Other										
8. Did residents describe their living environment as homelike?										X	Yes		No	A beautiful; home that feels like a person's home. Nicely furnished, everything clean and neat. The kitchen is open and freely accessible, just a bar separating it from the						
9. Did you notice unpleasant odors in commonly used areas?											Yes	X	No							

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

rest of the living area. Two friendly dogs and a bird. A nice garden. Residents very happy living there.

Resident Services

Comments & Other Observations

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

Yes No

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

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

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.