

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Buncombe</i>	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Family Care Home</td> <td style="width: 50%;"></td> </tr> <tr> <td>Combination Home</td> <td></td> <td>Nursing Home</td> <td></td> </tr> </table>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home		Combination Home		Nursing Home		Facility Name: <i>Plemmons I</i>
Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home								
Combination Home		Nursing Home								
Visit Date: <i>2/15/17</i>	Time Spent in Facility: hr <i>15</i> min	Arrival Time: <i>10:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm								

Person Exit Interview was held with:	Interview was held with	In-Person or Phone (Circle)
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Interview with <input type="checkbox"/> Administrator <input type="checkbox"/> SIC (Supervisor in Charge)	<i>Phillip Marshall, volunteer</i>	Other Staff: (Name & Title)
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Committee Members Present: <i>John Bernhardt, Brad Alexander, Susan Stuart</i>	Report Completed by: <i>Susan Stuart</i>
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Number of Residents who received personal visits from committee members:

Resident Rights Information are clearly visible. <input type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 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	} not observed
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 type="checkbox"/> Yes <input checked="" 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 checked="" 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	} not observed
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. 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	} not observed
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

N/A

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>Sharon Plemmons, adm. was not present. Resident told us she is sick and Phillip was covering duties for her. She was available by phone.</i></p> <p><i>Phillip Marshall said he is not an employee, just helps out when Sharon Plemmons needed help.</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>

### Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman