

Community Advisory Committee Quarterly /Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name Woodland Terrace #6						
		<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home									
		Combination Home		Nursing Home		<i>ALL MALES - 6/1 in Hospital</i>						
Visit Date	6/19/17	Time Spent in Facility	0	H	20	min	Arrival Time	12	:	40	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Person Exit Interview was held with: <i>PATRICIA FERGUSON</i>							Interview was held		<input checked="" type="checkbox"/> In-Person or <input type="checkbox"/> xxx circle)			

	SIC(Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: MARSHA	Report Completed by: SHARON WHITE
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Number of Residents who received personal visits from committee members: 2			
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. <i>(Required for Nursing Homes Only)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <i>NA</i>	Staffing information is posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observation
1. Do the residents appear neat, clean and odor free?	<div style="text-align: center; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Some residents</div> <p><i>Some were outside visiting with Residents from oth homes.</i></p> <p>WASN'T OBSERVED</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? <i>NA</i>	

Residents said,

#16 cont.

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<i>THEY "WERE OK HERE" WHEN ASKED</i>
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	
Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.					
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<i>Not observed</i>
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	
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	<i>They said "we like things like they are" ↑ Residents</i>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are they given a choice about where they prefer	<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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	