

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		Facility Name:			
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>Ardenwoods</i>			
Visit Date: <i>8/21/18</i>	Time Spent in Facility:	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home				
Person Exit Interview was held with: <i>Pam Slater, Executive Director</i>			Interview was held		In-Person or Phone (Circle) in person		

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
----------------------------	-----------------------------

Committee Members Present: <i>Bennett Lincott, Peggy Franc</i>	Report Completed by: <i>Peggy Franc</i>
---	--

Number of Residents who received personal visits from committee members: *6*

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
--	---	---------------------------------	---

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes No
2. Did 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? 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 No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

Comments & Other

Observations

8. Did residents describe their living environment as homelike? Yes No

9. Did you notice unpleasant odors in commonly used areas?

Yes 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

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

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

One resident complained that fried eggs not well cooked enough in the morning, but also complimented the entire staff as caring & attentive
They have a vegetable + fruit garden in the back so access to fresh produce.

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