

BC HH 04

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Brooks-Howell
Visit Date 3-18-19	Time Spent in Facility hr <input checked="" type="checkbox"/> min	Arrival Time 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Name of Person Exit Interview was held with Carole Gilham <input type="checkbox"/> Other Staff Rep	(Name & Title)	Interview was held <input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Superior in Charge)
Committee Members Present: Stephen Edhe, Nancy Kniffin, Judy McDonough		Report Completed by: JMCS
Number of Residents who received personal visits from committee members: 3 + 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No NA

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- 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
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

NO observe

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- Where? Outside only Inside only Both inside & Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

All rooms are private and very homey

NO observe

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the facility have a Resident's Council? Yes No
Family Council? Yes No **not Council but meetings**

Comments & Other Observations

Health Care Residents Council & Resident Council

Areas of Concern

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

Just 1: "Today Square" on Calendar is still on Sunday on B-T.

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.

Kudos: Jessica answered call bell quickly & in a caring manner. Te Quania caring aide & Mark is courteous

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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>No complaints about anything!</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>Carole was glad to hear residents had no complaints.</p>

Kudos:

15 folks at Chairacise.

All are happy and glad to be here.

Mark - cont'd - helpful & protective

worker was checking smoke alarms.

They have set up the 2 Duke boxes they purchased from our grant.