

Community Advisory Committee Quarterly/Annual Visitation Report

CA

County: Buncombe	Facility Type:				Facility Name:							
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	Candler Living Center							
		Combination Home		Nursing Home								
Visit 6/14/2019	Time Spent in Facility			hr	45	min	Arrival Time	1	:	20	pm	<input checked="" type="checkbox"/>

Person Exit Interview was held with **Carl McKenzie** Interview was held Yes (In-Person) or Phone (Circle)

Carl McKenzie	SIC (Supervisor in Charge) Carl Mckenzie	Other Staff: Jennifer Hyatt Nurse
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Committee Members Present: Judy DeWitt, Bob Tomasulo	Report Completed by: Judy Dewitt
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Number of Residents who received personal visits from committee members: 4

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
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22 males 7 females Rooms were not very neat
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 type="checkbox"/>	<input type="checkbox"/>	Not discussed
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not discussed
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/>	<input type="checkbox"/>	Did not see any residents having any difficulty communicating
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input type="checkbox"/>	

Resident Living Accommodations				Comments & Other Observations		
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Residents contacted seemed satisfied	
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? [X] Outside only [] Inside only [] Both Inside and Outside.						
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		No call bells. Said that they do 15 min. checks at night on any resident they are concerned about and bed checks on all residents every 2 hours at night.
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		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Resident Services				CommentsX& Other Observations		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		Activities posted. Discussed with SIC having more activities for residents
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	Did not discuss these issues but some residents said that they were satisfied with food.	
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Are they given a choice about where they prefer to dine?	<input 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		

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? . Would like to see more activities.

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.

