

Community Advisory Committee Quarterly/Annual Visitation Report

CA

County <i>Buncombe</i>	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 <i>NC State Veterans Home</i>
Visit date <i>6.4.2019</i>	Time Spent in Facility Hr. <i>55</i> Min	Arrival Time <i>10:30</i> Am PM
Name of person Exit Interview was held with <i>Steve Sheets, Adm.</i> (Name & Title) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: <i>John Bernhardt - Diane DeWitt - Caryl Richardson</i>		Report completed by: <i>Caryl Richardson</i>
Number of Residents who received personal visits from committee members: <i>11</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile		Comments and Other Observations
<ol style="list-style-type: none"> <li>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>		<i>not observed</i>



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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><i>Team agrees that no issues or topics need follow-up during next visit.</i></p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>

