

Community Advisory Committee Quarterly/Annual Visitation Report

County: Runcombe		Facility Type:				Facility Name:										
		Adult Care Home		Family Care Home		Brian Ctr of Weaverville										
		Combination Home		Nursing Home												
Visit Date	9/16/16	Time Spent in Facility		2	hr		min	Arrival Time	11	:	30		x	am		pm
Person Exit Interview was held with:								Interview was held		x		In-Person or Phone (Circle)				
Rebecca Ramsey																
Admin		SIC (Supervisor in Charge)		Other Staff: (Name & Title)				DON								
Committee Members Present: Dixie Barkdoll, Maria Hines, Judy McDonough										Report Completed by: Judy McDonough						
Number of Residents who received personal visits from committee members: 8																
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 No		outdated; need current				
The most recent survey was readily accessible. (Required for Nursing Homes Only)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Staffing information is posted. (?)				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Resident Profile								Comments & Other Observations								
1. Do the residents appear neat, clean and odor free?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		did not observe										
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
3. Did you see or hear residents being encouraged to participate in their care by staff members?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
4. Were residents interacting w/ staff, other residents & visitors?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
6. Did you observe restraints in use?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
7. If so, did you ask staff about the facility's restraint policies?				<input type="checkbox"/> Yes <input type="checkbox"/> No												
Resident Living Accommodations								Comments & Other Observations								
8. Did residents describe their living environment as homelike?				<input type="checkbox"/> Yes <input type="checkbox"/> No		One report of a "moaner" on hall 100(?) ; described as unable to communicate, and moans only in the morning hours				over 10 minutes, still not answered; staff right next to room using computer in hall						
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.																
13. Were residents able to reach their call bells with ease?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
14. Did staff answer call bells in a timely & courteous manner?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
14a. If no, did you share this with the administrative staff?				<input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No		(?)										
16. Do residents have the opportunity to purchase personal																

- Items of their choice using their monthly needs funds? ☒ Yes ☐ No
- 6a. Can residents access their monthly needs funds at their convenience? ☒ Yes ☐ No
7. Are residents asked their preferences about meal & snack choices? ☐ Yes ☐ No
- 7a. Are they given a choice about where they prefer to dine? ☒ Yes ☐ No
8. Do residents have privacy in making and receiving phone calls? ☒ Yes ☐ No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? ☒ Yes ☐ No
10. 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?

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

- Most folks were still in their rooms
- Call light not answered for over ten minutes; hall identified for administrator
- No interactions between staff and residents, nor between resident to resident
- Unused screen porch: door too hard(heavy) to open

-three CNAs and one FT activity director on locked unit

- housekeeping has been told about door

KUDOS:

- Adaptive large sized bed and wheelchair used where needed
- New floors, clean and bright
- Rehab works!

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.