Community Advisory Committee Quarterly/Annual Visitation Report

Adult Care Home Family Care Home Combination Home X Nursing Home Visit Date 9/16/1 Time Spent in Facility 2 hr min Arrival 11 30 X am professor Exit Interview was held with: Interview was held Interview w	County:		Facility Type:						Facility Na	ame:						
Person Exit Interview was held with: Interview was held with: Interview was Interview w			Adult Care Home	Family Care Home				Brian Ctr of Weaverville								
Committee Members Present: Sic (Supervisor in Charge					Nui	rsing	Home	-								
Person Exit Interview was held with: Interview was held	/isit Date	_	Time Spent in Facility	/	2	hr		min		11	:	30		x am		pm
Rebecca Ramsey Adm	Nama and Freit	-	h.									In D		Dha		
Rebecca Ramsey Idm SIC (Supervisor in Charge Other Staff: (Name & Title) DON Charge Present: Dixie Barkdoll, Maria Hines, Judy McDonough Iumber of Residents who received personal visits from committee members: 8 Resident Rights Information is clearly X Yes No clearly posted. The most recent survey was readily X Yes No ccessible. (Required for Nursing Homes Not) Resident Profile Comments & Other Observations Do the residents appear neat, clean and odor free? Did residents say they receive assistance with personal are activities, Ex. brushing their teeth, combing their hair, nserting dentures or cleaning their eyeglasses? Did you see or hear residents being encouraged to articipate in their care by staff members? Were residents interacting w/ staff, other residents & yes X No interact with residents who had lifficulty communicating or making their needs known Yes X No	'erson Exit	interview was neid wit	.n:							as	Х			or Pho	ne	
Charge Committee Members Present:	Rebecca Ra	amsey										(====	,			
Report Completed by: Judy McDonough	, ,					Other Staff: (Name & Title) DON										
Resident Rights Information is clearly	Committee Members Present:												y:			
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risible. Clearly posted. Outdated; need current																
The most recent survey was readily	-	ghts Information is clea	arly x Yes	No												
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erbany!	, ,				Yes	Х	No									
i. Did you observe restraints in use?	•	serve restraints in use?			Yes	Y	No									
'. If so, did you ask staff about the facility's restraint policies?	•						4									
Resident Living Accommodations Comments & Other Observations									Comr	nents &	k Ot	her O	bser	ations		
3. Did residents describe their living environment as Yes No some		nts describe their living	environment as		Yes		No	some								
nomelike?					V		l I									
Did you notice unpleasant odors in commonly used areas? Yes x No	י. טום you no	nice unpleasant odors in	commonly used areas?		res	X	INO									
0. Did you see items that could cause harm or be	0. Did vou s	see items that could caus	se harm or be		Yes	Х	No									
ıazardous?	•															
1. Did residents feel their living areas were too noisy? Yes x No One report of a "moaner" on hall 100(?); described as					Yes	Χ	No		•				. , .			
2. Does the facility accommodate smokers? Yes x No unable to communicate, and moans only in the morning	2. Does the facility accommodate smokers?						No	· · · · · · · · · · · · · · · · · · ·						ng		
2a. Where? [] Outside only [] Inside only [] Both Inside and Outside.		,	,	i <u>de an</u>		<u>side.</u>	1	nours								
3. Were residents able to reach their call bells with ease?				Х				over 1	∩ minutes st	ill not ai	ารเพ	ered: «	staff r	iaht nev	t to	
1. Bid dath drieffer dath belief in controlled married.	•						4					ereu, (staii i	igiit iiex	l lU	
4a. Il 110, did you share this with the administrative stail:							INO	. 55111 (Ohoor	watio	nc		
Resident Services Comments & Other Observations 5. Were residents asked their preferences or opinions about	5 Were rec		rences or oninions about						Comment	s & Uti	iei (Juser	vallo	пъ		
he activities planned for them at the facility? Yes No (?)		•	•		Yes		l No	(?)								
6. Do residents have the opportunity to purchase personal		•	•		. 55		· · · ·	(.)								

ems of their choice using their monthly needs funds? 6a. Can residents access their monthly needs funds at their convenience?	x Yes] No] No	
7. Are residents asked their preferences about meal & snack hoices?	Yes] No	(?)
7a. Are they given a choice about where they prefer to dine?8. Do residents have privacy in making and receiving phone	x Yes	No	
alls? 9. Is there evidence of community involvement from other ivic, volunteer or religious groups?	x Yes] No] No	
20. Does the Facility have a Resident's Council?	x Yes Yes	No	
Areas of Concern			Exit Summary
Are there resident issues or topics that need follow-up or review luring the next visit?	w at a later time	or	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 ident No interactions between staff and residents, nor between staff and residents 	-three CNAs and one FT activity director on locked unit		
Unused sreen porch: door to hard(heavy) to open			- 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**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.

DHHS DOA-022/2004