Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Visit Date: 6/16/17

Facility Type: 
- Adult Care Home: X
- Family Care Home
- Combination Home
- Nursing Home

Facility Name: Woodland Terrace 2

Time Spent in Facility: hr 10 min

Arrival Time: 10:17 am

Person Exit Interview was held with: Xavier Morales, SIC

Interview was held: In-Person x

Adm

SIC (Supervisor in Charge)

Other Staff: (Name & Title)

Committee Members Present:
John Bernhardt, Susan Stuart

Report Completed by:
Susan Stuart

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. x Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Yes No

Ombudsman contact information is correct and clearly posted. x Yes

Staffing information is posted. x Yes

Resident Profile

Observations

1. Do the residents appear neat, clean and odor free? x Yes No

2. 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

3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No

4. Were residents interacting w/ staff, other residents & visitors? X Yes No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No

6. Did you observe restraints in use? Yes X No

7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

Observations

8. Did residents describe their living environment as homelike? X Yes No
9. Did you notice unpleasant odors in commonly used areas?

10. Did you see items that could cause harm or be hazardous?

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>Yes [X] No</td>
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<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>Yes [X] No</td>
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<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>Yes No</td>
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<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes [X] No</td>
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<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>Yes No</td>
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<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>Yes [X] No</td>
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<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>Yes [X] No</td>
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<tr>
<td>20. Does the Facility have a Resident's Council?</td>
<td>Yes [X] No</td>
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Areas of Concern

Exit Summary
Only one resident was present when we visited. He expressed satisfaction with facility, including the food. The other 5 male residents were at their usual day activity, apparently at Mountain House, which also provides their transportation. Mr. Morales said the 5 men go there 3 days per week. The facility was immaculately clean and pleasant.

Discuss items from “Areas of Concern” Section as well as any changes observe during the visit.