

Nursing Home Community Advisory Committee  
Annual Report

These written comments, along with the oral report to the Buncombe County Commissioners, serve as the Nursing Home Community Advisory Committee (NHCAC) 2010 Annual Report.

**1. All homes in the county were served by the Committee.**

All 19 homes were visited by our four teams at least once a quarter for a total of 76 visits. Currently there are 18 NHCAC volunteers that do this work.

**2. Educational efforts by the committee.**

The NHCAC helped to sponsor speakers at our bimonthly meetings (10-15 member attendance) with the following presenters and topics: Tom Witcher, Administrator of Courtyard Rehab presented in January on Resident Council operation in his facility, April Connover from "Services for the Blind" presented in March, Rebecca Chaplin presented on falls prevention in May. In November, NHCAC member Judith Hallock reported on an Alzheimer's care workshop and led a discussion on the issues associated with the specialized care needed by these residents.

In a more formal way, educational efforts initiated by the NHCAC to the public included the Resident Council Project, in which our members attended Resident Council meetings at all our facilities and identified "recommended practices" that would strengthen the resident councils' role in nursing home management and improve the experience for residents in all facilities. Generally speaking, participation in the councils leads to increased resident empowerment and promotes resident rights and quality of life. We shared our findings with the Administrative staff and resident council presidents in each facility. (copy of the project included with our written comments)

**3. Community involvement by the committee.**

Members from the NHCAC initiated the Resident Rights Week proclamation at the October Buncombe County Commissioner's meeting. The county commissioners approved the proclamation and David Gant, chairman, signed. It was read by Sonya Friedrich with 3 residents from nursing homes in the county in attendance. There was also a guest editorial about Residents' Rights Week published in the Asheville Citizen-Times submitted by member Adam Banner.

**4. Problems encountered by committee.**

Residents and their visitors complained about the resident to staff ratio (not enough help even though state regulations being met). Residents also reported dietary and other special requests not being satisfied, room-mate conflicts and broken equipment such as broken lights and doors. Residents also reported the lack of scheduling of needed appointments (ie dental) and nursing homes "dumping" residents to the hospital to discharge them without due process required by legislated rights. Residents occasionally complained about staff attitudes.

**5. Was the committee involved in grievance resolution during the year? If so, identify what type of facility was involved and the nature of the problem.**

The East team successfully engaged in a formal complaint/ grievance resolution in a NH. The grievance involved a care issue. Residents reported medication not being given on time (esp pain meds) and personal hygiene needs not being met in a timely fashion. The complaint was resolved amicably among all parties (residents, family, nursing home staff).

**6. Summarize the strengths and weaknesses of the facilities in the county.**

Strengths: Most administration and staff seemed focused on good quality care for the residents. We found fairly consistent, long-term employees who seemed to enjoy working with elders. We have remarkable dementia programs as well as some that need improvement—information-sharing between the leaders of these units might improve the poorly performing ones. Weaknesses: Some physical facilities are outdated and need revision. There are long waits for help at times. There is increasing need for specialized, competent care for residents with dementia/Alzheimer's. An example would be safe locked wander units. There is also a need for activities specific to this population.

Our population is aging and there will be more need for good quality care for elders. Care facilities are unappealing to baby boomers and will have to undergo a culture change in order to be marketable and sustainable to them. The shift has already begun to encourage aging in place (at home) with services. This may be more desirable care for many reasons, including that it is less expensive to support Americans at home than in institutions such as nursing homes.