

Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:	☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho☐ Combination	me 🗷 Nursing Home Home	Deerfield Episcopal Retirement	
Visit date	Time Spent in Fa		Arrival Time	
3/28/2018	1 Hr. 1		10:00 Am PM	
Name of person Exit Interview was held with <u>Cindy Clampett</u> , <u>DON</u> (Name & Title)				
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☒ Other Staff Re				
Committee Members Present:			Report completed by:	
Lauri Hollingsworth, Susan Schiemer Number of Residents who received personal vis		· · ·	Susan Schiemer	
Resident Rights Information is clearly visible. ☑ Yes □ No		posted.	information is correct and clearly s	
X Yes □ No The most recent survey was readily accessible.		Staffing information is po		
✓ Yes ☐ No		¥ Yes	□ No	
(Required for Nursing Homes				
Resident Prof	ile	Comments	and Other Observations	
 Do the residents appear neat, clean and odor free? ☑ Yes ☐ No 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 Did you see or hear residents being encouraged to participate in their care by staff members? ☐ Yes ☐ No Were residents interacting w/ staff, other residents & visitors? ☒ Yes ☐ No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☒ Yes ☐ No Did you observe restraints in use? ☐ Yes ☒ No If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No 		#3 - Did not observ	ve this visit	

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Resident Living Accommodations	Comments and Other Observations
 8. Did residents describe their living environment as homelike? ☑ Yes ☐ No 9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No 10. Did you see items that could cause harm or be hazardous? ☐ Yes ☒ No 	One resident shared with CAC volunteers that she was able to bring her own chair and ottoman. One family member stated "this place is incredible"
11. Did residents feel their living areas were too noisy? ☐ Yes ☒ No 12. Does the facility accommodate smokers? ☐ Yes ☒ No 12a. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside.	Deerfield is a smoke free campus. No smoking is permitted on the property.
13. Were residents able to reach their call bells with ease? ☑ Yes ☐ No 14. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	During our visit we did not hear any call bells; all residents were well attended to.
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No 16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No	One resident said that "I am in the driver's seat." Staff "encourages but does not force" me to go to activities. The residents at Deerfield do not have monthly needs funds to obtain cash. All items are charged to their monthly bill.
17. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No 17a. Are they given a choice about where they prefer to dine? ☑ Yes ☐ No 18. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No 20. Does the facility have a Resident's Council? ☑ Yes ☐ No	A resident said that "if I didn't like something they have something else to pick from"

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Assess of Songern	Exit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.