

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name:									
		Adult Care Home		Family Care Home		The Laurels at Summit Ridge									
		Combination Home		Nursing Home											
Visit Date	1/29/18	Time Spent in Facility			hr	25	min	Arrival Time	1	:	30		am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with:								Interview was held		<input checked="" type="checkbox"/> In-Person					
Deena Blackwell, Director of Nursing															
Adm		SIC (Supervisor in Charge)			Other Staff: (Name & Title)				DON						
Committee Members Present: John Bernhardt, Diane Duermit										Report Completed by: John Bernhardt					
Number of Residents who received personal visits from committee members: 3 meaningful conversations															
Resident Rights Information is clearly visible.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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		Many residents were sitting unresponsive in the lounge in the bright warm sun. A movie was to be shown. None seemed able to communicate. On the first floor, the short-term rehab residents were responsive and do communicate effectively. They praised the care they receive and recommend the facility to other people.									
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>				<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 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 checked="" type="checkbox"/> Yes <input 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 Observations								Comments & Other							
8. Did residents describe their living environment as homelike?				<input type="checkbox"/> Yes <input type="checkbox"/> No											
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? Yes No
- 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 and Outside.
- 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

Resident Services

Comments & 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
- 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 who likes to sit in the hall outside his room has a large pitcher of juice that staff keep refilling for him. Another who has been there bed-ridden for many years was happy with the care he receives.

Areas of Concern

Exit Summary

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