

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name:									
		Adult Care Home		Family Care Home		Givens Estates GIVENS HEALTH CENTER									
		Combination Home		Nursing Home											
Visit Date	11/14/2017	Time Spent in Facility		1	hr	30	min	Arrival Time	12	:			am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with: David Moore, Administrator									Interview was held			In-Person or Phone (Circle)			
Adm		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)										
Committee Members Present: Patti Turbyfill, Susan Schiemer									Report Completed by: Susan Schiemer						
Number of Residents who received personal visits from committee members: 6															
Resident Rights Information is clearly visible.						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. But not posted in Rehab wing						<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. Posted but wrong date; was from 11/12/2017						<input checked="" 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 |
| 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | <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 checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | <input 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? N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Not observed this visit

Not observed this visit

Resident Living Accommodations Observations

Comments & Other

- | | | | | |
|---|-------------------------------------|-----|-------------------------------------|----|
| 8. Did residents describe their living environment as homelike? | <input checked="" 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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Smoke Free Campus
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both					
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services	Comments & Other Observations
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>Not observed on this visit.</p> <p>CAC volunteers visited during lunch. Spoke with residents in dining room. Everyone commented that the food was excellent.</p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
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This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.