Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Fa	Facility Type:							Facility Name: The Laurels of GreenTree								
			Adult Care Hom			:	F	amil	y Care	Home	Ridge							
			Combination Home		on	>	(1	Vursi	ng Hom	е								
Visit Date	Tir	Time Spent in				2	hr	0	min	Arrival	10	1:	00	Т	П	m	Inm	
D = 1/		Facility								1	Time	10		00		a	m	pm
Person Exit Interview was held with:											Interview was In-Person or					r Pl	none	
Jessica Haus	ser, Administrator										held			(C	ircle)		
Adm			SIC (Supervisor in Charge				Ot	her S	Staff: (N	Vame 8	& Title)							
	Members Presen	t:	iige								Re	port C	omn	leted	hv:			
Susan Schier Number of R	mer, Patti Turbyfil Residents who re	ceived	norso	nal via	ito fro			!44			Su	san So	hiem	er	IJy.			
Resident Ric	this Information	ie	X			Mo												
Resident Rights Information is clearly visible.			^	163		NO	ar	mau Id cle	asman early po	nan contact information is correct y posted.					Х	Yes		No
The most red	cent survey was	readily	Х	Yes		No							X	Yes		No		
accessible. (Required for Nursing Homes Only)					St	affin	g infori	mation	is posted.									
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									NAME OF TAXABLE PARTY.	STATE OF THE PARTY	THE PARTY OF THE P	ALL MANAGES AND A	DAY DO NOT HE					
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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?	X X	Yes Yes Yes		No No	Medicine carts were parked around nursing station making the hallways narrow. On one side of the nursing station the walkway was obstructed by a medicine cart and a resident in a geri chair. One resident's room air conditioning vent very dusty.
12a. Where? [x] Outside only [] Inside only Inside and Outside.13. Were residents able to reach their call bells with ease?	y [X] Bo	th	No	Call bells ring on all hallways, not just the hall with resident's room.
14. Did staff answer call bells in a timely & courteous manner? 14a. If no, did you share this with the administrative staff?	X	Yes	Х	No No	After hearing a call bell for approximately 3 minutes, we asked staff about responding. The staff person told us that the bell was for the other hallway.
Resident Services					Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 16a. Can residents access their monthly needs funds at their convenience? 17. Are residents asked their preferences about meal & snack choices? 17a. Are they given a choice about where they prefer to dine? 18. Do residents have privacy in making and receiving phone calls? 19. Is there evidence of community involvement from other civic, volunteer or religious groups? 20. Does the Facility have a Resident's Council?	X X X X X	Yes Yes Yes Yes Yes Yes Yes		No No No No No No	Daily flyers delivered to each resident communicates activities and meal choices. One new resident stated that they were unable to read the flyer because their glasses had not been brought from home.
Areas of Concern					Exit Summary
Are there resident issues or topics that need follow a later time or during the next visit? Staff responsiveness to residents needs. Answeriobserving residents in hallways.					Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

This Document is a **PUBLIC RECORD**. <u>Do not identify any Resident(s) by name or inference on this form.</u> <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.