

Community Advisory Committee Quarterly/Annual Visitation Report

Carret	F 111. T			
County		☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho	ome 🗷 Nursing Home	The Oaks at Sweeten Creek	
Visit date	Time Spent in Fa		A i I Ti	
5/23/2018	4	- '	Arrival Time	
			09:30 Am PM	
Name of person Exit Interview was held with <u>Tim Lane, Administrator</u> (Name & Tit Interview was held ☑ In-Person □Phone □Admin □SIC (Supervisor in Charge) □ Other Staff				
Interview was neid 🗷 in-Per	son LiPhone Li	Admin USIC (Supervise		
Committee Members Present			Report completed by:	
Lauri Hollingsworth, Susa			Susan Schiemer	
Number of Residents who received personal visits from committee members: 7				
Resident Rights Information is clearly visible.		Ombudsman contact	information is correct and clearly	
✓ Yes ☐ No		posted.	s 🗆 No	
The most recent survey was readily accessible.		Staffing information is po		
✓ Yes □ No	· ·	¥ Yes	□ No	
(Required for Nursing Homes	* * TAXABLE CONTRACTOR AND ADDRESS OF THE PARTY OF THE PA		100	
Resident Prof	ile.	comments a	and Other Observations	
1 De the weeklests				
1. Do the residents appear r				
	odor free? ☑ Yes ☐ 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?			
X Yes □ No				
3. Did you see or hear residents being				
encouraged to participate	in their care by	# 3 Not observed the	nis visit	
staff members? ☐ Yes ☐ No				
4. Were residents interacting	g w/ staff, other			
residents & visitors? 🛛 Y	es □ No			
5. Did staff respond to or int	5. Did staff respond to or interact with			
		#5 Not observed th	is visit	
communicating or making their needs				
known verbally?			-	
6. Did you observe restraints				
☐ Yes ☑ No				
restraint policies? \(\sigma\) Yes				
restraint politics: Dies	,			

Community Advisory Committee Quarterly/Annual Visitation Report

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 	Most resident rooms had personal items on display
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 ☐ Both Inside & Outside.	Call bells ring at nursing station; room lights outside residents rooms alert staff of residents needing assistance.
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	Some residents said that it "took awhile to get help"
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	Vending machines are available for residents.
16a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No	Sign posted with hours for receiving funds and instructions for after hours access
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	Small room for private calls is available.
20. Does the facility have a Resident's Council? ☑ Yes ☐ No Family Council? ☐ Yes ☒ No	

This document is a **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. Form reproduced from DHHS DOA-022/2004 Page 2 of 3

Community Advisory Committee Quarterly/Annual Visitation Report

Areas of Concern	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.
Staff recruitment	
In-room activity program	