

## **Community Advisory Committee Quarterly/Annual Visitation Report**



Co	ounty	Facility Type:	☐ Family Care Home	Facility Name		
	uncombe	☐ Adult Care Ho  Combination	ome Mursing Home	Deerfield		
11	sit date /9/2018	Time Spent in Fa 2 Hr. 0	Min	Arrival Time 09:30 Am PM		
Na	Name of person Exit Interview was held with Brian King, Admin & Cindy Clampett DO (Name & Title) Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep					
Co	mmittee Members Present	on <u>Lipnone Li</u>	Admin LISIC (Superviso	Report completed by:		
Lauri Hollingsworth, Susan Schiemer			).	Susan Schiemer		
Νι	umber of Residents who rec	eived personal vi	sits from committee me	embers: 8		
Re	esident Rights Information is	,		information is correct and clearly		
-	☑ Yes ☐ No		posted.			
In	e most recent survey was read  ☑ Yes □ No		Staffing information is po			
	(Required for Nursing Homes		∟ res	□ No		
	Resident Prof		Comments a	and Other Observations		
2.	<ul> <li>Do the residents appear neat, clean and odor free? ☑ Yes ☐ No</li> <li>Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</li> <li>☐ Yes ☐ No</li> </ul>		#2 not observed th	is visit		
<ol> <li>4.</li> <li>5.</li> </ol>	encouraged to participate staff members?	in their care by No g w/ staff, other				

## Community Advisory Committee Quarterly/Annual Visitation Report

Resident Living Accommodations	Comments and Other Observations
<ul> <li>8. Did residents describe their living environment as homelike?   Yes □ No</li> <li>9. Did you notice unpleasant odors in</li> </ul>	# 8 One resident said " I love it here." another comment "feel blessed everyone is so nice."
commonly used areas? ☐ Yes ☒ No 10. Did you see items that could cause harm	
11. Did residents feel their living areas were too noisy? ☐ Yes ☒ No	
12. Does the facility accommodate smokers?  ☐ Yes ☑ No  12a. Where? ☐ Outside only	# 12 Deerfield is a smoke free campus. No smoking is allowed on the property.
☐ Inside only ☐ Both Inside & 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	#13 Residents in the Assisted Living area have options of a pendent, wrist or belt call device
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	
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?	#16 All items are recorded on resident's monthly bills; do not have needs funds to obtain
opinions about the activities planned for them at the facility? ☑ Yes ☐ No  16. Do residents have the opportunity to purchase personal items of their	#16 All items are recorded on resident's monthly bills; do not have needs funds to obtain cash.
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?	monthly bills; do not have needs funds to obtain
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	monthly bills; do not have needs funds to obtain
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	monthly bills; do not have needs funds to obtain
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	monthly bills; do not have needs funds to obtain
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	monthly bills; do not have needs funds to obtain
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	monthly bills; do not have needs funds to obtain
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	monthly bills; do not have needs funds to obtain

## 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	as any changes observed during the visit.
the next visit?	