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Community Advisory Committee Quarterly/Annual Visitation Report

County		☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho☐ Combination	me I Nursing Home Home	Givens Estates Health Cent	
Visit date Time Spent in Fa		,	Arrival Time	
12/5/2018	1 Hr. 3	0 Min	09:30 Am PM	
Name of person Exit Intervie	_		(Name & Title)	
		Admin SIC (Supervise	or in Charge) 🛘 Other Staff Rep	
Committee Members Presen			Report completed by:	
Lauri Hollingsworth, Sus			Susan Schiemer	
Number of Residents who received personal visits from committee members: 6				
Resident Rights Information is clearly visible.			information is correct and clearly	
☑ Yes ☐ No		posted.		
The most recent survey was readily accessible. ☑ Yes ☐ No		Staffing information is po	osted. □ No	
(Required for Nursing Homes Only)		E 165		
Resident Pro		Comments :	and Other Observations	
		Congratulations or	n a zero deficiency annual	
1. Do the residents appear neat, clean and		survey!	a zero deliciericy ariildar	
odor free? ☑ Yes ☐ No		Suivey:		
2. Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? ☐ Yes ☐ No		#2 not observed th	iis visit	
 Did you see or hear residents being encouraged to participate in their care by staff members? ✓ Yes ✓ No Were residents interacting w/ staff, other residents & visitors? ✓ Yes ✓ No Did staff respond to or interact with 			s well attended, staff member cting with all residents	
residents who had difficulty		# 5 not observed th	nis visit	
☐ Yes ☒ No 7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No				

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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 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. 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	Many rooms had personal items displayed. Many Christmas decorations up Givens is a smoke free campus. Smoking is not allowed on the property.
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 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 Family Council? ☐ Yes ☑ No	Activities Department renamed Life Enrichment Menu has multiple choices at each meal

This document is a **PUBLIC RECORD**. <u>Do not identify any Resident(s) by name or inference on this form.</u>
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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.
12:	