

JH

CA

Community Advisory Committee Quarterly / Annual Visitation Report XXXXXX

County: Buncombe	Facility Type:		Facility Name Heather Glen at Ardenwood
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home	

Visit Date 1 Dec. 13, 2 2018 1 3 2 0 1	Time Spent in Facility 0 H 25 min	Arrival Time 11 : 15 X a m pm
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Person Exit Interview was held with:
Nyla Sauter Director Health Services

Interview was held **In-Person or xxx circle)**

SIC(Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Jeri Hahner Marsha Safian Sharon White	Report Completed by Jeri Hahner
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Number of Residents who received personal visits from committee members:
14 residents were visited – some by each of us

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. New Team list was given for posting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. Did not observe	<input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observation
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	There are 11 males and 33 females. Quite a few dogs are also living in the facility. Pets allowed. A high level of care is given. Many residents require help of some kind. 12-14 Residents were playing chair volleyball with a balloon.
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 checked="" 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?

X	Yes		No
	Yes	X	No
	Yes		No

6. Did you observe restraints in use?

7. If so, did you ask staff about the facility's restraint policies?

Resident Living Accommodations

Comments & 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?
Where? [] Outside only [] Inside only [] Both Inside and 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?
If no, did you share this with the administrative staff? Yes No

The facility is very well appointed with furnishings and décor. Holiday trimmings were throughout.

It was very neat and clean. The residents were very content and positive about their care. There was one criticism about the cleaning of a garment. The resident felt it should have been dry cleaned rather than washed.

Didn't ask about whether they allowed smokers as residents.

Rooms are spacious and accommodating.

Did not observe.

Resident Services

Comments & 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?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer Yes No 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

Activity calendar was filled. The activity that was scheduled was taking place and well attended.

Did not ask them. But, I imagine that is not a problem at this facility.

There were two selections for the lunch posted. The dining room had red and green napkins on white tablecloths. Very festive.

Sunday church was posted.

Areas of Concern

Exit Summary

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.

The facility appears to be extremely well run. All the residents looked clean and content.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.