

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%;">Family Care Home</td> </tr> <tr> <td>Combination Home</td> <td>X Nursing Home</td> </tr> </table>	Adult Care Home	Family Care Home	Combination Home	X Nursing Home	Facility Name: The Laurels at Summit Ridge
Adult Care Home	Family Care Home					
Combination Home	X Nursing Home					

Visit Date	8/10/17	Time Spent in Facility	hr	50	min	Arrival Time	10	:	15		<input checked="" type="checkbox"/>	am		<input type="checkbox"/>	pm
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Person Exit Interview was held with:	Interview was held	<input checked="" type="checkbox"/>	In-Person
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Sherrye Perry, Director of Marketing; Michelle Wilson, DON

Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	Director of Marketing Director of Nursing
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Committee Members Present: John Bernhardt, Diane Duernit	Report Completed by: John Bernhardt
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Number of Residents who received personal visits from committee members: 5

Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile				Comments & Other Observations	
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	All 5 residents talked with were happy with the facility. Few available to talk, many in the Activity Room watching a TV special. Neither the Administrator nor the DON were in the building so the initial exit interview was with the Director of Marketing. Went back later to discuss with DON. The unit RN manager had actually been in charge. Residents all said care was good, call bells were answered and the food was good. The short-term rehab unit always gets high praise. It has a high staff/resident ratio. The ratio upstairs is not nearly as high. The 1st floor north unit is still unoccupied though all steps seem to be done for turning it into private rooms for short-term rehab..
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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Were residents interacting w/ staff, other residents & visitors?	<input 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Living Accommodations Observations				Comments & Other	
8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Everything was clean. Much cleaning activity on 2 nd floor south though not yet on 2 nd floor north assisted living.
9. Did you notice unpleasant odors in commonly	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

used areas?

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Yes	<input type="checkbox"/> No

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?

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Yes	<input type="checkbox"/> No

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

<input type="checkbox"/>	Yes	<input type="checkbox"/> No
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16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input type="checkbox"/>	Yes	<input type="checkbox"/> No
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16a. Can residents access their monthly needs funds at their convenience?

<input type="checkbox"/>	Yes	<input type="checkbox"/> No
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17. Are residents asked their preferences about meal & snack choices?

<input type="checkbox"/>	Yes	<input type="checkbox"/> No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input type="checkbox"/>	Yes	<input type="checkbox"/> No
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20. Does the Facility have a Resident's Council?

<input type="checkbox"/>	Yes	<input type="checkbox"/> No
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A Daily Chronicle printed each day with some interesting facts plus the day's activities and menus in large print. National management's newsletter had an article about the Director of Marketing going to great lengths to have a special birthday party a resident wanted for his girlfriend. A staff brings her pet cat regularly to visit with residents.

Areas of Concern

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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