## Community Advisory Committee Quarterly/Annual Visitation Report



Buncombe    Adult Care Home   Nursing Home   Deerfield	Co	untv	Encility Type:	M Family Cara Home	Facility Name		
Visit date 5/21/2019  Time Spent in Facility 1 Hr. 15 Min  Name of person Exit Interview was held with Brian King, Administrator (Name & Title) Interview was held In-Person Phone Admin SIC (Supervisor in Charge) Other Staff Rep  Committee Members Present: Lauri Hollingsworth, Patti Turbyfill, Susan Schiemer  Number of Residents who received personal visits from committee members:  Resident Rights Information is clearly visible.  Yes No The most recent survey was readily accessible.  Yes No (Required for Nursing Homes Only)  Residents appear neat, clean and odor free? Yes No  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community) Legge Pacident	[7] Adula Carra Cla		*	Facility Name			
S/21/2019				9	Deerfield		
Name of person Exit Interview was held with Brian King, Administrator (Name & Title) Interview was held In-Person IPhone IAdmin ISIC (Supervisor in Charge) Interview was held In-Person IPhone IAdmin ISIC (Supervisor in Charge) Interview was held In-Person IPhone IAdmin ISIC (Supervisor in Charge) Interview was held				cility	Arrival Time		
Interview was held ☑ In-Person ☐ Phone ☑ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep  Committee Members Present:  Lauri Hollingsworth, Patti Turbyfill, Susan Schiemer  Number of Residents who received personal visits from committee members: 3  Resident Rights Information is clearly visible.  ☑ Yes ☐ No  The most recent survey was readily accessible.  ☑ Yes ☐ No  (Required for Nursing Homes Only)  Resident Profile  Comments and Other Observations  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community). Large Posident	5/2	1/2019	1 Hr. 1	5 . Min	11:30 Am PM		
Committee Members Present: Lauri Hollingsworth, Patti Turbyfill, Susan Schiemer  Number of Residents who received personal visits from committee members: 3  Resident Rights Information is clearly visible.  ☑ Yes ☐ No  The most recent survey was readily accessible.  ☑ Yes ☐ No  (Required for Nursing Homes Only)  Resident Profile  Comments and Other Observations  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community). Large Posident							
Lauri Hollingsworth, Patti Turbyfill, Susan Schiemer  Number of Residents who received personal visits from committee members: 3  Resident Rights Information is clearly visible.  ☑ Yes ☐ No ☐ N				Admin LISIC (Supervise			
Number of Residents who received personal visits from committee members: 3  Resident Rights Information is clearly visible.  ☑ Yes ☐ No ☐ No ☐ No  The most recent survey was readily accessible.  ☑ Yes ☐ No ☐ Staffing information is posted.  ☑ Yes ☐ No ☐ No ☐ No ☐ No ☐ No  (Required for Nursing Homes Only)  Resident Profile ☐ Comments and Other Observations  1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ No ☐ Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Learne Perident				0.11			
Resident Rights Information is clearly visible.  ☐ Yes ☐ No ☐ No ☐ No  The most recent survey was readily accessible. ☐ Yes ☐ No ☐ Staffing information is posted. ☐ Yes ☐ No ☐ No ☐ Yes ☐ No  Resident Profile ☐ Comments and Other Observations  1. Do the residents appear neat, clean and odor free? ☐ Yes ☐ No  Ombudsman contact information is correct and clearly posted. ☐ No  Staffing information is posted. ☐ No  Ombudsman posted. ☐ Yes ☐ No  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Learne Posident							
☑ Yes ☐ No   The most recent survey was readily accessible. ☑ Yes ☐ No   ☑ Yes ☐ No   (Required for Nursing Homes Only)    Staffing information is posted.  ☑ Yes ☐ No  Comments and Other Observations  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Leave Perident.							
The most recent survey was readily accessible.  ☐ Yes ☐ No (Required for Nursing Homes Only)  Resident Profile  Comments and Other Observations  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Legge Perident	Res	_ *	•	Ombudsman contact information is correct and clearly			
<ul> <li>Yes □ No (Required for Nursing Homes Only)</li> <li>Resident Profile Comments and Other Observations</li> <li>1. Do the residents appear neat, clean and odor free? ☑ Yes □ No</li> <li>☑ Yes □ No</li> <li>☑ Yes □ No</li> <li>☑ Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Legge Projectent</li> </ul>							
(Required for Nursing Homes Only)  Resident Profile  Comments and Other Observations  1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ No  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Legge Projections	The		-				
Resident Profile  Comments and Other Observations  1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ No  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Learne Provident				ı⊻ı Yes	⊔ No		
1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ No  Ombudsman poster had incorrect Regional Ombudsman name (an updated poster was provided to the community): Legge Posident				Comments	and Other Observations		
odor free? Yes No Ombudsman name (an updated poster was							
odor free? Yes No Ombudsman name (an updated poster was	1.	Do the residents appear r	neat, clean and		9		
2 Did residents say they receive assistance   provided to the community); Large Resident							
L Z. DIU ICSIUCIUS SAVIIIEV IELEIVE ASSISIAULE II.	2.	Did residents say they receive assistance		, · · · · · · · · · · · · · · · · · · ·			
with personal care activities, ex. brushing   Right's poster had correct Regional				Right's poster had correct Regional			
their teeth, combing their hair, inserting Ombudsman name and contact phone number.				Ombudsman name and contact phone number. #2 Not observed this visit			
dentures or cleaning their eyeglasses? #2 Not observed this visit							
□ Yes □ No			-, cg				
3. Did you see or hear residents being	3.	Did you see or hear reside	ents being				
encouraged to participate in their care by		encouraged to participate	in their care by				
staff members? ☑ Yes ☐ No		staff members?	s 🗆 No				
4. Were residents interacting w/ staff, other	4.	Were residents interacting	g w/ staff, other				
residents & visitors? ☑ Yes ☐ No		residents & visitors?	'es □ No				
5. Did staff respond to or interact with	5.	Did staff respond to or int	eract with				
residents who had difficulty		residents who had difficulty					
communicating or making their needs #5 Observed numerous respectful interactions		communicating or making their needs		#5 Observed numerous respectful interactions			
known verbally? ☑ Yes ☐ No between residents and staff as they (staff)		known verbally? ✓ ☑ Yes	s □ No	between residents	and staff as they (staff)		
6. Did you observe restraints in use? provided assistance with eating lunch in the	6.	Did you observe restraints	s in use?		- 1		
☐ Yes ☑ No dinning room.		☐ Yes 🛛 No					
7. If so, did you ask staff about the facility's	7.	If so, did you ask staff abo	out the facility's	•			
restraint policies?		restraint policies?   Yes	s □ No				

## **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 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 ☐ 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 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	#12 Deerfield has a smoke free campus policy. Smoking is not permitted 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	#16 Residents do not have monthly needs funds to obtain cash. All items are put on their monthly bills.

## Community Advisory Committee Quarterly/Annual Visitation Report

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.
None	None

	5		