## Community Advisory Committee Quarterly/Annual Visitation Report



County	Facility Type: 1	☐ Family Care Home	Facility Name		
Buncombe	☐ Adult Care Ho☐ Combination		Givens Estates		
Visit date	Time Spent in Fa	_ '	Arrival Time		
5/30/2019	1 Hr. 4		09:30 Am PM		
Name of person Exit Intervie					
Committee Members Presen		Admin LISIC (Supervise	or in Charge)		
Patti Turbyfill, Susan Sch		Susan Schiemer			
Number of Residents who re	ceived personal vis	sits from committee me	embers: 9		
Resident Rights Information	s clearly visible.	Ombudsman contact information is correct and clearly			
⊠ Yes □ N	<u>-</u>	posted. ⊠ Yes □ No			
The most recent survey was rea	•	Staffing information is posted.			
✓ Yes ☐ No (Required for Nursing Homes		ĭ Yes □ No			
Resident Pro	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which is the Owner, which	Comments	and Other Observations		
1. Do the residents appear	neat, clean and				
odor free? ⊠ Yes □ Ne	)	#2 Not observed this visit.			
2. Did residents say they re-					
with personal care activit					
their teeth, combing their hair, inserting					
dentures or cleaning thei ☐ Yes ☐ No	r eyeglasses?				
3. Did you see or hear resid	ents heing				
encouraged to participat	_				
	s 🗆 No				
4. Were residents interacting	g w/ staff, other				
residents & visitors?					
5. Did staff respond to or in	teract with	#5 Not observed this visit.			
residents who had difficu	•				
communicating or makin					
known verbally? 🗆 Ye					
6. Did you observe restraint ☐ Yes ☒ No	s in use?				
7. If so, did you ask staff ab	out the facility's				
restraint policies? \(\sigma\) Ye	- 1				

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Resident Living Accommodations	Comments and Other Observations
8. Did residents describe their living environment as homelike? ☑ Yes ☐ No	#8 One resident answered "Oh, absolutely"
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	#12 Givens has a smoke free campus. No smoking is permitted on the property.
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	
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	

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.				
None	None				