

## Community Advisory Committee Quarterly/Annual Visitation Report



County	Facility Type:	☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho☐ Combination	me Nursing Home	The Oaks at Sweeten Creek	
Visit date	Time Spent in Fa		Arrival Time	
2/21/2019	2 Hr.	Min	09:30 Am PM	
Name of person Exit Interview was held with Tim Lane Administrator (Name & Title)				
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep				
Committee Members Present: Lauri Hollingsworth, Susan Schiemer			Report completed by: Susan Schiemer	
Number of Residents who red	eived personal vis	sits from committee me	embers: 7	
Resident Rights Information is	s clearly visible.	Ombudsman contact	information is correct and clearly	
⊠ Yes □ No		posted. 🛛 Ye		
The most recent survey was readily accessible.		Staffing information is po	osted.	
☑ Yes ☐ No (Required for Nursing Homes Only)		☑ Yes	□ No	
Resident Prof		Comments a	and Other Observations	
<ol> <li>Do the residents appear neat, clean and odor free? ☑ Yes ☐ No</li> <li>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</li> <li>Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ☐ No</li> <li>Were residents interacting w/ staff, other residents &amp; visitors? ☑ Yes ☐ No</li> <li>Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☐ Yes ☐ No</li> <li>Did you observe restraints in use? ☐ Yes ☒ No</li> <li>If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No</li> </ol>		# 3 The volunteers ask "Would you like resident was obser	heard one resident being e to go for a walk?" Another ved getting help with eating a patient and polite CNA.	

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Resident Living Accommodations	Comments and Other Observations
<ul> <li>8. Did residents describe their living environment as homelike? ☑ Yes ☐ No</li> <li>9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No</li> <li>10. Did you see items that could cause harm or be hazardous? ☐ Yes ☒ No</li> <li>11. Did residents feel their living areas were too noisy? ☐ Yes ☒ No</li> <li>12. Does the facility accommodate smokers? ☒ Yes ☐ No</li> <li>12a. Where? ☒ Outside only ☐ Inside only ☐ Inside only ☐ Both Inside &amp;</li> </ul>	#8 A number of residents rooms were decorated with family photos and personal items. One resident said "I love it here."
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	#14 One resident stated that the CNA will come into the room, turn off the bell and then leave saying "I will be back later."  Comments and Other Observations
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?   16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  17. Are residents access their monthly needs funds at their convenience?  18. Yes □ No  17. Are residents asked their preferences about meal & snack choices?  19. Yes □ No  17a. Are they given a choice about where	#16 Banking hours are posted outside the business office.
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	#18 The community has a small private room for making phone calls.

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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.
Call bell responsiveness	