Community Advisory Committee Quarterly/Annual Visitation Report

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County		☐ Family Care Home	Facility Name	
Buncombe	☐ Adult Care Ho☐ Combination	me ⊠ Nursing Home Home	Oaks at Sweeten Creek	
Visit date	Time Spent in Fa	cility	Arrival Time	
5/23/2019	1 Hr. 3	0 Min	09:30 Am PM	
Name of person Exit Interview			(Name & Title)	
Interview was held ☑ In-Person ☐ Phone ☑ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep				
Committee Members Present:			Report completed by:	
Lauri Hollingsworth, Patti Turbyfil, Susar			Susan Schiemer	
Number of Residents who received personal visits from committee members: 11				
Resident Rights Information is clearly visible.		Ombudsman contact	information is correct and clearly	
☑ Yes ☐ No		posted.	s 🔲 No	
The most recent survey was readily accessible.		Staffing information is po	osted.	
⊠ Yes □ No		⊠ Yes	□ No	
(Required for Nursing Homes	Control of the contro			
Resident Prof	ile	Comments a	and Other Observations	
odor free? ☑ Yes ☐ No 2. 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 3. Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ☐ No 4. Were residents interacting w/ staff, other residents & visitors? ☑ Yes ☐ No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑ Yes ☐ No		groomed with clear		
6. Did you observe restraints in use?		#6 One resident was style lap restraint.	as observed with a "seat belt"	

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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 	#8 Comments from residents included: "liked it here" "kept clean" and staff took "good care of them"
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 &	#10 Hot sauce and Red Hot peppers were left in a living room area. Also hallways were cluttered with empty wheelchairs, trash cans, laundry carts and med carts.
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	#14 Not observed this visit
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	#16 Signs posted outside the business office with hours for receiving funds and instructions for after hours access.
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	#18 Samill-room for private calls is available.

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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.
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