3-21

Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type -		Facility Name:
Buncombe	✓ Family Care Home		Serenity Heart Family Care Home #232
	Adult Care Home	Nursing Home	
	Combination Home		

Visit Date	Time Spent in Facility	Arrival Time
4 / 10 / 14	hr 15 min	2 : 05 am ✓ pm

Name of Person Exit Interview was held with: Amanda Lunsford — Interview was held: ✓ In-Person

☐ Phone ☐ Admn. ☒ SIC (Supervisor in Charge) ☐ Other staff

Rep (Name & Title)

Committee Members Present: John Bernhardt, Robert Phillips, BARBARA MAYER

Report Completed by: Barbara Mayer

Number of Residents who received personal visits from committee members: 4

Resident Rights Information is clearly visible. ✓ Yes ☐ No

Ombudsman contact information is correct and clearly posted. ✓ Yes ☐ No

The most recent survey was readily accessible. *(Required for Nursing Homes Only)* ☐ Yes ☐ No

Staffing information is posted. ☐ Yes ☐ No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	✓ Yes	☐ No	6 residents - all men
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	one is in wheelchair, he can handle himself in shower with chair.
3. Did you see or hear residents being encouraged to participate in their care by staff members?	☐ Yes	☐ No	Several residents receive some help with grooming
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? (none + no of residents)	☐ Yes	☐ No	
6. Did you observe restraints in use?	☐ Yes	☐ No	
7. If so, did you ask staff about the facility's restraint policies?	☐ Yes	☐ No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	✓ Yes	☐ No	Call bells work
9. Did you notice unpleasant odors in commonly used areas?	☐ Yes	✓ No	1 Emergency light in hall does not.
10. Did you see items that could cause harm or be hazardous?	☐ Yes	✓ No	Freezer needs defrosted.
11. Did residents feel their living areas were too noisy?	☐ Yes	✓ No	Laundry room not locked due to a water leak. SIC does laundry
12. Does the facility accommodate smokers?	☐ Yes	☐ No	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and 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	

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	✓ Yes	☐ No	A new resident council discusses activities
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	✓ Yes	☐ No	All those we talked to are satisfied.
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	SIC places orders for snacks of choice
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	5 residents are on regular diets 1 resident is diabetic.
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	

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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? Administrator is aware of Emergency light, and water leak. She plans to replace call bell system	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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