Ombudsman of 728

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: [ ] Adult Care Home [X] Family Care Home [ ] Combination Home [ ] Nursing Home		Facility Name: Serenity Heart 233
Visit Date: 6/12/14	Time Spent in Facility: hr 20 min	Arrival Time: 1 : 20 am [X] pm	
Name of Person Exit Interview was held with:		Interview was held [X] In-Person	
Name: Vanessa Flack (SIC)		Phone: 828/658-5267	
Title: Check Box [ ] Admn. [X] SIC (Supervisor in Charge) [ ] Other staff			
Committee Members Present: John Bernhardt Barbara Mayer		Report Completed by: John Bernhardt	
Number of Residents who received personal visits from committee members: 3			
Resident Rights Information is clearly visible. [X] Yes [ ] No		Ombudsman contact information is correct and clearly posted. To be 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?	[X] Yes	[ ] No	5 residents, 4 female and 1 male - SIC very involved in tending to residents. One followed her constantly; she spent a long time trying to ease another's problem
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?	[X] Yes	[ ] No	
4. Were residents interacting w/ staff, other residents & visitors?	[X] Yes	[ ] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[X] Yes	[ ] No	
6. you observe restraints in use?	[ ] Yes	[X] 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	Very clean but very plain; good TV but almost no pictures on the walls - Food supplied regularly and sufficient.
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[X] No	
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[X] No	
11. Did residents feel their living areas were too noisy?	[ ] Yes	[X] No	
12. Does the facility accommodate smokers?	[X] Yes	[ ] No	
12a. Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	[X] 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	When we visited the campus in April The SIC and all the residents had gone to town to shop and other activities if they wanted. In this very isolated campus along a narrow ridge the only other diversions are in-house or walking the narrow road between houses of the campus. No one ever can tell us the emergency evacuation plans
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[X] Yes	[ ] No	
16a. Can residents access their monthly needs funds at their convenience?	[X] 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	
1 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	

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.

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