Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	**Facility Type:** [ ] Adult Care Home [✓] Family Care Home [ ] Combination Home [ ] Nursing Home	**Facility Name:** Serenity Heart 234
Visit Date 4/10/2014	**Time Spent in Facility** [ ] hr 20 min	**Arrival Time** 1 : 17 [ ] am [✓] pm
Name of Person Exit Interview was held with:		**Interview was held** [✓] In-Person
Name: Sonya Oliver		**Phone:**
Title: Check Box [ ] Admn.	[✓] SIC (Supervisor in Charge)	[ ] Other staff
Committee Members Present: Barbara Moyer, John Bernhart, Robert Phillips		**Report Completed by:** Robert A Fall

Number of Residents who received personal visits from committee members: 3

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 ages 19-66
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	2 Diabetic All Male
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[ ] Yes	[✓] No	All Residents interviewed
4. Were residents interacting w/ staff, other residents & visitors?	[✓] Yes	[ ] No	Seemed Happy with
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[ ] Yes	[ ] No N/A	The Home + Food
6. Did you observe restraints in use?	[ ] Yes	[✓] No	
7. [redacted], 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	
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No	Home WAS cleaned
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No	and Fairly HomeLike.
11. Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No	
12. Does the facility accommodate smokers?	[✓] Yes	[ ] No	SIC was given
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 N/A	favorable comments
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	Home is in a remote
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[✓] Yes	[ ] No	Location and difficult to
16a. Can residents access their monthly needs funds at their convenience?	[✓] Yes	[ ] No	Make frequent Trips During
17. Are residents asked their preferences about meal & snack choices?	[ ] Yes	[ ] No	The Month except for Medical.
17a. Are they given a choice about where they prefer to dine?	[ ] Yes	[✓] No	Not sure Dining Room for Meals
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	Church Activity - Transportation
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.

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

DHHS DOA-022/2004

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

DHHS DOA-022/2004