Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type -			Facility Name:
Buncombe	Adult Care Home	☒	Family Care Home	Serenity Heart 235
	Combination Home		Nursing Home	

Visit Date	Time Spent in Facility	Arrival Time
4 / 10 / 14	hr 20 min	1 : 25 am ☑ pm

Name of Person Exit Interview was held with: Theresa Flack (SIC), Mandell Gathright (Relief SIC)

Interview was held: ☑ In-Person ☐ Phone ☐ Admn. ☑ SIC (Supervisor in Charge) ☑ Other staff (Relief SIC)

Rep: Theresa Flack (SIC), Mandell Gathright (Relief SIC) (Name & Title)

Committee Members Present: John Bernhardt, Barbara Mayer, Bob Phillips

Report Completed by: John Bernhardt

Number of Residents who received personal visits from committee members: 2

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. ☐ Yes ☐ No *(Required for Nursing Homes Only)*

Staffing information is posted. ☐ Yes ☐ No

Resident Profile	Yes	No
1. Do the residents appear neat, clean and odor free?	☒	☐
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	☒	☐
3. Did you see or hear residents being encouraged to participate in their care by staff members?	☐	☒
4. Were residents interacting w/ staff, other residents & visitors?	☒	☐
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	☐	☒
Did you observe restraints in use?	☐	☒
If so, did you ask staff about the facility's restraint policies?	☐	☐

Comments & Other Observations

5 residents, female, age about 27 to 75. All was clean, Food supply, menus, and other kitchen details in good order. SIC now here but seemed to have a good ~~health~~ hands on the job relates well to residents and caring for them.

Resident Living Accommodations	Yes	No
8. Did residents describe their living environment as homelike?	☒	☐
9. Did you notice unpleasant odors in commonly used areas?	☐	☒
10. Did you see items that could cause harm or be hazardous?	☐	☒
11. Did residents feel their living areas were too noisy?	☐	☒
12. Does the facility accommodate smokers?	☒	☐
12a. Where? ☒ Outside only [ ] Inside only [ ] Both Inside and Outside.		
13. Were residents able to reach their call bells with ease?	☒	☐
14. Did staff answer call bells in a timely & courteous manner?	☐	☐
14a. If no, did you share this with the administrative staff?	☐	☐

Comments & Other Observations

Resident Services	Yes	No
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?	☒	☐
16a. Can residents access their monthly needs funds at their convenience?	☒	☐
17. Are residents asked their preferences about meal & snack choices?	☒	☐
17a. Are they given a choice about where they prefer to dine?	☐	☒
18. Do residents have privacy in making and receiving phone calls?	☐	☐
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	☐	☒
20. Does the Facility have a Resident's Council? Starting	☒	☐

Comments & Other Observations

Interestingly that for several of the building, (but not all) there is a daytime relief SIC to give the SIC some relief time during the day

No one knew the evacuation plan. This could be a serious problem. [Noted on back side of this page]

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DHHS DOA-022/2004

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 a any changes observed during the visit.
No one knew the evacuation plan, including the Site Manager for the six buildings. She did not find it on quick search of the SIC's "book" (manual)	

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