

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b>  Buncombe		<b>Facility Type:</b>				<b>Facility Name:</b>  Serenity Heart 231															
		<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home																
			Combination Home		Nursing Home																
<b>Visit Date</b>	1/13 2016	<b>Time Spent in Facility</b>				hr	20	min	<b>Arrival Time</b>	!	:	20		am	<input checked="" type="checkbox"/>	pm					
<b>Person Exit Interview was held with:</b>									<b>Interview was held</b>		<b>In-Person or Phone (Circle)</b>										
Amanda Lunaford, SIC relief																					
<b>Adm</b>		<b>SIC (Supervisor in Charge)</b>			<input checked="" type="checkbox"/>	<b>Other Staff: (Name &amp; Title)</b>															
<b>Committee Members Present:</b> Barbara Mayer, Judy DeWitt, John Bernhardt										<b>Report Completed by:</b> John Bernhardt											
<b>Number of Residents who received personal visits from committee members: 4</b>																					
<b>Resident Rights Information is clearly visible.</b>					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Ombudsman contact information is correct and clearly posted.</b>									<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Staffing information is posted.</b>									<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resident Profile									Comments & Other Observations												
1. Do the residents appear neat, clean and odor free?					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	6 male residents; age range about 30 to 60; 2 diabetic diets; 2 arrived within the last two months.												
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No													
3. Did you see or hear residents being encouraged to participate in their care by staff members?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No													
4. Were residents interacting w/ staff, other residents & visitors?					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No													
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No													
6. Did you observe restraints in use?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No													
7. If so, did you ask staff about the facility's restraint policies?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No													
Resident Living Accommodations Observations									Comments & Other												
8. Did residents describe their living environment as homelike?					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Everything very clean; pictures and wall decorations unusual choices but very nice												
9. Did you notice unpleasant odors in commonly used areas?					<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No													

10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services	Comments & Other Observations
-------------------	-------------------------------

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

One resident said a lot about how much he liked the place, but wanted someone to help him find a church and get to it. No one there had helped. Another said he wanted help getting some medications

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.

