

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Serenity Heart Family Care Home #234											
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home													
Visit Date 1-13-2016		Time Spent in Facility				hr	25	min	Arrival Time		1	:	35		am	<input checked="" type="checkbox"/>	pm
						Person Exit Interview was held with: Crystal Angeles, SIC				Interview was held in person		In-Person or Phone (Circle)					

Crystal Angeles	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	
Committee Members Present: John Bernhardt, Judith DeWitt, Barbara Mayer			Report: Barbara Mayer	

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

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<p>There are 5 male residents with an age range of 26-70. One is diabetic, 1 has a 2500 cal. Restriction, and the other 3 have regular diets. Besides the regular meals, they have snacks at 10 am, 2 and 8 pm. They vary between fruits, crackers, cakes, or cookies including diabetic ones.</p> <p>The SIC alternates with a relief SIC with 2 days on and 2 days off and the next week works 3 days on and 3 days off. In reality this means she has every other weekend off and has a Wednesday or Thursday off each week.</p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Not asked	
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? Not observed	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where? <input type="checkbox"/> Outside only <input checked="" 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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Although the inside walls have been painted, and the outside porch has been repaired since our last visit, the living room has some displaced objects in one corner and the furniture is not in the normal configuration. Couches are moved when needed for TV watching etc. Administrator, Ginnea Scott's office is being renovated. The med cart was locked and in the dining area. Other Serenity Heart homes have the med carts in the locked office space used by staff.

SIC can hear alarms in her room during the night.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" 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
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" 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 checked="" type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Each home has an activity calendar. This house had a full January schedule. Not all members take part in each activity. They all participate on the shopping trips.

Residents we talked to liked the food.

I don't know

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.

Check on renovations

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.