

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>BUNCOMBE</b>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Serenity Heart Family Care Home # 235</i>
Visit Date <i>7-2-2015</i>	Time Spent in Facility <i>hrs 20 min</i>	Arrival Time <i>am pm 2:05</i>
Name of Person Exit Interview was held with <u>Mandel Gathright</u>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Administrator
<input checked="" type="checkbox"/> SIC (Supervisor in Charge) Other Staff Rep _____		(Name & Title)
Committee Members Present: <i>John Bernhardt, Claudia Sherry, Barbara Mayer</i>		Report Completed by: <i>Barbara Mayer</i>
Number of Residents who received personal visits from committee members: <i>2</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Resident Profile

1. Do the residents appear neat, clean and odor free?  Yes  No
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 *did not ask*
3. Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No *not observed*
4. Were residents interacting w/ staff, other residents & visitors?  Yes  No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No *not observed*
6. Did you observe restraints in use?  Yes  No
7. If so, did you ask staff about the facility's restraint policies?  Yes  No

### Comments & Other Observations

- *5 female residents  
age range 22-63*
- Activity listed for the day was haircutting. SIC was cutting hair of a resident of 234*

### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  Yes  No
9. Did you notice unpleasant odors in commonly used areas?  Yes  No
10. Did you see items that could cause harm or be hazardous?  Yes  No
11. Did residents feel their living areas were too noisy?  Yes  No
12. Does the facility accommodate smokers?  Yes  No
- 12a. Where?  Outside only  Inside only  Both Inside & Outside.
13. Were residents able to reach their call bells with ease?  Yes  No *did not check*
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

### Comments & Other Observations

- *Living areas were homelike*
- SIC apologized that he had not cleaned because he was waiting for rain to stop. However living areas seemed quite clean but bathrooms were a little messy. This seems to be a well run home.*

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No *?*
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No
- 16a. Can residents access their monthly needs funds at their convenience?  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
19. Is 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  
Family Council?  Yes  No

### Comments & Other Observations

- *Residents had praise for food and said there was plenty of it. They were very pleased with the SIC. There were apples in dining area. <sup>easily available.</sup> SIC knew where residents should gather if they had to leave the building and also the Church they would go to if they had to leave the property.*

### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

### Exit Summary

