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Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: [ ] Adult Care Home [ ] Family Care Home [ ] Combination Home [✓] Nursing Home	Facility Name: Deerfield Health & Wellness Center
Visit Date	Time Spent in Facility: 2 hr 15 min	Arrival Time: 3 : 30 [ ] am [✓] pm
6/27/14	Name of Person Exit Interview was held with:	Interview was held [✓] In-Person
Name: Angela Litka, DON + staff members Julia Cooley		Phone: 274-1531
Title: Check Box [ ] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff		
Committee Members Present: Ellen Baker, Sonya Friedrich + Observer Gala Walter		Report Completed by: Sonya

Number of Residents who received personal visits from committee members: 8

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)* See back	[ ] 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	
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	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[ ] Yes	[ ] No	
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	
6. Did you observe restraints in use?	[ ] Yes	[✓] No	
7. If so, 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	
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 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	
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	
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 c[illegible]	[✓] 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	

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.
No, there were no complaints from the residents we interviewed. One resident didn't like the food but did not spell out any specifics nor offer any suggestions for improvement. The facility had their 1st state survey the day of our last visit. They did not have any citations and were very pleased, as well they should be.	Our visit with Angie + staff members was fairly brief since everyone we spoke with said the staff was very capable and friendly. It was noted that some of the wall mistakes which had originally been built for some type of reporting station or desk had been converted into Lift Storage. We see the lifts as a major obstacle for the wheel chair users in most of the Homes we visit. One of Angie's suggestions. Angie had been chosen as the Top Administrator for Nursing Home for the entire U.S.A. Her main thrust is to know + communicate with staff – if you have an unhappy staff, you will have unhappy residents.

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.

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