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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 Heath + Wellness Center

Visit Date: 3/31/2015 Time Spent in Facility: 1 hr 30 min Arrival Time: 10:30 am

Name of Person Exit Interview was held with: Brian King, Administrator + members of Staff Interview was held  In-Person

Name: Brian King, Administrator + members of Staff Phone: \_\_\_\_\_

Title: Check Box  Admn.  SIC (Supervisor in Charge)  Other staff

Committee Members Present: Kate Elliott, Sonja Friedrich Report Completed by: Sonja

Number of Residents who received personal visits from committee members: 7

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

Staffing information is posted.  Yes  No

*(Required for Nursing Homes Only)*

### Resident Profile

### Comments & Other Observations

- Do the residents appear neat, clean and odor free?  Yes  No
- 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 you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
- Were residents interacting w/ staff, other residents & visitors?  Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
- Did you observe restraints in use?  Yes  No
- If so, did you ask staff about the facility's restraint policies?  Yes  No

### Resident Living Accommodations

### Comments & Other Observations

- Did residents describe their living environment as homelike?  Yes  No
- Did you notice unpleasant odors in commonly used areas?  Yes  No
- Did you see items that could cause harm or be hazardous?  Yes  No
- Did residents feel their living areas were too noisy?  Yes  No
- Does the facility accommodate smokers?  Yes  No
- 12a. Where?  Outside only  Inside only  Both Inside and Outside.
- Were residents able to reach their call bells with ease?  Yes  No
- 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

East Hall

3+ Most residents were either at the activities in the chapel or in the halls, some had been placed in

### Resident Services

### Comments & Other Observations

- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- 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
- 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

front of TVs

**Exit Summary**

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

the exit interview with a large number of staff members was very positive. Do several residents do appreciate the care that they receive. Mr. King did explain what the new Rod knots on the wall above the main station makes in the air flow off in individual rooms in case of smoke generator.

Station makes in turn the air flow off in individual rooms in case of smoke generator.

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

The cleaned general residents seated in front of TVs in adjacent halls. Many of them were not watching what was on the screen.

DHHS DOA-022/2004

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