

Please make
6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Buncombe</i>		Facility Type:		Facility Name:	
		Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<i>Livens Estate at</i>	
		Combination Home	<input checked="" type="checkbox"/> Nursing Home	<i>Sales Health Care Center</i>	
Visit Date	<i>8/22/2014</i>	Time Spent in Facility	<i>2</i> hr <i>15</i> min	Arrival Time	<i>3</i> : <i>30</i> am <input type="checkbox"/> pm

Name of Person Exit Interview was held with: _____ **Interview was held** In-Person

Name: *Robin Suddeth, adm.* **Phone:** _____

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

Committee Members Present: *Ellen Baker Sonya Friedrick* **Report Completed by:** *Sonya*

Number of Residents who received personal visits from committee members: *5*

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) Yes No **Staffing information is posted.** Yes 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	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input 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 checked="" 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	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 checked="" type="checkbox"/> No	
12a. Where? <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Most we spoke to were in the halls or in gathering space beyond the lobby</i>
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 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

Most residents interviewed thought things were going well. One resident wanted a chance to meet with other residents who enjoyed a glass of wine or cocktails before supper was served. There was an expression of being somewhat "unsettled" lately.

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In our interview with Robin, who graciously took some time away from working on budget figures to meet with us, replied to the request to be together that seemed to make too much of a cocktail party and that just isn't

appropriate in an institution sponsored by the Methodist church. She was glad that to hear things seemed to going well. She said there had been some changes in leadership personnel & that must be what created the feeling of things not just as they had been.

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