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6 copies

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>		Facility Type:		Facility Name: <u>Divens Estate</u>	
		Adult Care Home	Family Care Home	Sales Health Care Center	
		Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Visit Date: <u>12/8/15</u>	Time Spent in Facility: <u>2</u> hr <u></u> min	Arrival Time: <u>1</u> : <u>30</u> am <input checked="" type="checkbox"/> pm			
Name of Person Exit Interview was held with:			Interview was held <input checked="" type="checkbox"/> In-Person		

Name: Robin Saddreth Phone: \_\_\_\_\_

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

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

Number of Residents who received personal visits from committee members: 10

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted but needs updates.  Yes  No

The most recent survey was readily accessible.  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 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 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 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	
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 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 checked="" 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 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.

*We didn't have any issues raised that will need follow up. The residents' responses were positive.*

*We did discuss with Robin the status of the beds in Starnes hall. They are all private pay and they consider that hall to be an Adult*

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. *Care Home,*  
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records. *Seven of the*

*residents interviewed were in Starnes Hall.*

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