

Please make  
6 copies

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:		Facility Name: <u>Sivens Estate</u>	
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Health Care Center</u>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		

Visit Date: 3/30/2015 Time Spent in Facility: 2 hr 30 min Arrival Time: 2 : 30 am  pm

Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person  Phone: 3/24

Name: Robin Suddock Administrator

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

Committee Members Present: Angela Rutledge, Ellen Baker, Kate Wilson, Carole Henderson, Sonya Suddock

Report Completed by: \_\_\_\_\_

Number of Residents who received personal visits from committee members: 16

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. See note on back  Yes  No

*(Required for Nursing Homes Only)*

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 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 checked="" 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 checked="" 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 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 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	

**Exit Summary**

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

4/24/15

We were able to reach

quite a few residents

since we had 5 team

members visiting. And

as usual the residents

were grateful for the

good care they were

receiving.

On speaking with

Robin on the phone the

staying reports are to

be filled out at the

start of each shift -

and remembering to

do that at the start of

each shift is some

times hard to do,

especially if there

is a resident in

need of some help

just at that time.

**Areas of Concern**

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

The Staying Report was filled in for the 1st shift but we were there during the second shift + the report had not been updated.

DHHS DOA-022/2004

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. necessitating

Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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.