

**COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT**

County <b>Buncombe</b>		Date 09/14/15	Facility Name Givens Estate		
Number of Residents Visited:2		Length of Visit: <u>    </u> hour <u>20</u> min		Facility Type <input checked="" type="checkbox"/> Adult Care Home (ACH) <input type="checkbox"/> Family Care Home (FCH) <input type="checkbox"/> Nursing Home (NF)	
Report Completed by: Bob Tomasulo					
Other Members Present: Peggy Franc					
Exit Review Conducted With: Becky Rice Title: Administrator				RLTCO Office Use Only: <input type="checkbox"/> Reviewed <input type="checkbox"/> Entered in ODIS <input type="checkbox"/> cc: Facility <input type="checkbox"/> cc: DSS (ACH only)	
Posted	Residents Rights	Ombudsman Contact	Staffing Information		Survey Results (NH only)
Yes	x	x	x		
No					

WHAT RESIDENTS REPORT DURING INTERVIEW		YES	NO	ADDITIONAL INFORMATION
Are you aware you have rights as a resident here?		XX		
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?		XX		
Are you able to make complaints/suggestions without fear of retaliation?		XX		
Are you free from mental and physical abuse?		XX		
Do you know what to do if you are mistreated here?		XX		
Is your personal/medical information kept confidential?		XX		
Are you asked for input with planned activities?		XX		
Do you enjoy the activities offered by the facility?		XX		
Is your personal care provided in a way you like?		XX		
Do you receive a response to your requests?		XX		
Can you access your personal needs funds when requested? If no, why?		XX		
Does the home encouraged personalization of your room?		XX		
Do you feel safe and secure here?		XX		
Do you feel the home is too noisy? If so, when and where?			XX	
Are you permitted to smoke here? If so, are you aware of the smoking policy?		NA		
Can you reach the call bell?		XX		
Does staff answer your call bell timely?		XX		
Do they ask what you prefer to eat?		XX		
Do you get to seat where you like during meals?		XX		

WHAT CAC MEMBERS OBSERVE		Yes	No	OBSERVATIONS
Residents appear neat, clean and odor free?		XX		
Residents are up and out of bed/room and socializing?		XX		
Staff interact respectfully with residents who have difficulty communicating or making needs known.		XX		
Call bells/lights appear to be accessible and answered timely.		XX		
Staff support residents' right to privacy and dignity.		XX		

AREAS OF CONCERN	EXIT REVIEW SUMMARY
Very few activities after 3:00 PM. This makes for a long evening for residents as dinner is at 4:00	Summarize exit review. Note issues requiring follow-up. Issue: _____ Follow-up by date: _____ By whom: _____