Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: [ ] Adult Care Home [ ] Family Care Home [✓] Combination Home [ ] Nursing Home	Facility Name: Givens Highland Farms Health Care Center
Visit Date: 10/9/14	Time Spent in Facility: [ ] hr 25 min	Arrival Time: 11 : 42 [✓] am [ ] pm

Name of Person Exit Interview was held with: | Interview was held [✓] In-Person

Name: Peggy Touchet, DON | Phone:

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

Committee Members Present: John Bernhardt, Margaret Davis, Kalindi Trietley | Report Completed by: John Bernhardt

Number of Residents who received personal visits from committee members: 8 (visits very limited)

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?	[✓] Yes	[ ] No	Lunch time so most residents were in the dining room or being brought there. Much help by staff with seating and feeding. Little opportunity to talk with residents undisturbed, privately. Residents did seem to be content with the care they received.
2. 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	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[✓] Yes	[ ] No	
4. Were residents interacting w/ staff, other residents & visitors?	[✓] Yes	[ ] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[✓] Yes	[ ] No	
6. Did you observe restraints in use?	[ ] Yes	[✓] No	
7. If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	[ ] Yes	[ ] No	
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No	
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No	
11. Did residents feel their living areas were too noisy?	[ ] Yes	[ ] No	
12. Does the facility accommodate smokers?	[✓] Yes	[ ] No	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No	
14. 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	

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	[ ] Yes	[ ] No	
16. 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	
17. 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	

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.

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