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Community Advisory Committee Quarterly/Annual Visitation Report

nty: Buncombe

Facility Type:
- [ ] Adult Care Home
- [ ] Family Care Home
- [ ] Combination Home
- [X] Nursing Home

Facility Name: Highland Farms

Date: 6-27-2015 | Time Spent in Facility: hr 45 min | Arrival Time: 12:00 am pm

Interview was held: In-Person

Name of Person Exit Interview was held with:

e: Kathy Norman

Phone:

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

nmittee Members Present: Lisa Parr, Ruth Price

Report Completed by: Sane

nber of Residents who received personal visits from committee members: 12

ident Rights Information is clearly visible. [X] Yes [ ] No

Ombudsman contact information is correct and clearly posted. [X] Yes [ ] No

e most recent survey was readily accessible. [X] Yes [ ] No
quired for Nursing Homes Only)

Staffing information is posted. [ ] Yes [ ] No

Resident Profile

Do the residents appear neat, clean and odor free?	[X] Yes	[ ] No
Did residents say they receive assistance with personal care tivities, *Ex. brushing their teeth, combing their hair, inserting ntures or cleaning their eyeglasses?*	[X] Yes	[ ] No
Did you see or hear residents being encouraged to participate their care by staff members?	[X] Yes	[ ] No
We esidents interacting w/ staff, other residents & visitors?	[X] Yes	[ ] No
Dic ff respond to or interact with residents who had difficulty mmunicating or making their needs known verbally?	[X] Yes	[ ] No
Did you observe restraints in use?	[ ] Yes	[X] No
If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No

Comments & Other Observations

Appreciate the number of staff in dining area and in rooms. Observed staff interacting with residents ~~with~~ exhibiting patience and compassion.

Resident Living Accommodations

Did residents describe their living environment as homelike?	[X] Yes	[ ] No
Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[X] No
). Did you see items that could cause harm or be hazardous?	[ ] Yes	[X] No
l. Did residents feel their living areas were too noisy?	[ ] Yes	[ ] No
2. Does the facility accommodate smokers?	[ ] Yes	[ ] No
2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.		
3. Were residents able to reach their call bells with ease?	[X] Yes	[ ] No
4. Did staff answer call bells in a timely & courteous manner?	[X] Yes	[ ] No
4a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No

Comments & Other Observations

Observed timely responses to several calls

Resident Services

5. Were residents asked their preferences or opinions about the tivities planned for them at the facility?	[ ] Yes	[ ] No
5. Do residents have the opportunity to purchase personal items their choice using their monthly needs funds?	[ ] Yes	[ ] Nc
5a. Can residents access their monthly needs funds at their nvenience?	[ ] Yes	[ ] No
7. Are residents asked their preferences about meal & snack noices?	[X] Yes	[ ] No
7a. Are they given a choice about where they prefer to dine?	[X] Yes	[ ] No
8. residents have privacy in making and receiving phone alls?	[ ] Yes	[ ] No
9. Is there evidence of community involvement from other civic, olunteer or religious groups?	[ ] Yes	[ ] No
0. Does the Facility have a Resident's Council?	[ ] Yes	[ ] No

Comments & Other Observations

Appreciate efforts to provide massage therapy art instruction, skyping for patients, as well as adding recreation therapy.

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 a any changes observed during the visit.

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