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Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: [ ] Adult Care Home [X] Family Care Home [ ] Combination Home [X] Nursing Home		Facility Name: Highland Farms
Visit Date: 03-24-2014	Time Spent in Facility: 1 hr 45 min	Arrival Time: 10 : 00 am pm	
Name of Person Exit Interview was held with:		Interview was held: [X] In-Person	
Name: Kathy Norman			Phone:
Title: Check Box [ ] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff			
Committee Members Present: Lisa Parr, Sonya Friedrich NH CAC members			Report Completed by: LISA PARR

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

Resident Rights Information is clearly visible.	[X] Yes [ ] No	Ombudsman contact information is correct and clearly posted. will add team leader	[X] Yes [ ] No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	[X] Yes [ ] No	Staffing information is posted.	[X] Yes [ ] No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[X] Yes	[ ] 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?*	[X] Yes	[ ] No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[X] Yes	[ ] No	
4. Were residents interacting w/ staff, other residents & visitors?	[X] Yes	[ ] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[ ] Yes	[ ] No	Did not observe specialized communication
6 ' you observe restraints in use?	[ ] Yes	[X] No	
o, 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	Observed clean homelike setting
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[X] No	
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[X] No	Noted a number of items in hallway at site of renovation
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?	[X] Yes	[ ] No	Observed that call bells were within reach
14. Did staff answer call bells in a timely & courteous manner?	[ ] Yes	[ ] No	did not observe calls being made
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?	[X] Yes	[ ] No	Observed that a schedule of activities is posted
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[X] Yes	[ ] No	
16a. Can residents access their monthly needs funds at their convenience?	[X] Yes	[ ] No	availability is as needed
17. Are residents asked their preferences about meal & snack choices?	[X] Yes	[ ] No	
17a. Are they given a choice about where they prefer to dine?	[X] Yes	[ ] No	in room versus dining room
18. Do residents have privacy in making and receiving phone calls?	[ ] Yes	[ ] No	
1 there evidence of community involvement from other civic, teer or religious groups?	[X] Yes	[ ] No	
20. Does the Facility have a Resident's Council?	[X] Yes	[ ] No	meets monthly

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? No follow-up is needed for any specific complaints or issues.	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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