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# Community Advisory Committee Quarterly/Annual Visitation Report

| County: | Facility Type: | Facility Name: |
|---|---|---|
| Buncombe | [ ] Adult Care Home [ ] Family Care Home [ ] Combination Home [✓] Nursing Home | The Laurels of Greentree Ridge |
| Visit Date: 8/4/15 | 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 [✓] In-Person

Name: Jessica Houser, Administrator

Phone:

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

Committee Members Present: Jenifer Bubenik, Ellen Baker, Kate Mitchell, Sonya Fredrick

Report Completed by: Sonya

Number of Residents who received personal visits from committee members: 14

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 | |
| 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. |
| The general responses that we received were favorable. Some residents expressed issues of waiting a long time for responses to call bells, but they seemed to take it in stride. Many mentioned that there are a lot of people needing care in certain times, eg early a.m. | One thing was noted at the nurses' station of one hall. A staff person was carrying on a conversation with another staff person while she was stepping behind a resident sitting in a wheelchair, which she started moving the chair without speaking to the woman in the chair. Needless to say the resident was very startled when the chair started moving. It is so important to remember that the residents need to be addressed respectfully and explained to the resident where she will be going before the chair is moving. |

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.



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