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# Community Advisory Committee Quarterly/Annual Visitation Report

ounty: Buncombe

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

**Facility Name:** ~~Summit~~/Laurels at Summit Ridge

sit Date: 3-31-2014 | Time Spent in Facility: 1 hr 30 min | Arrival Time: 10 : 00 am pm

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

ame: Judy Boyer, admin. Tracey Murphy RN, DON | Phone:

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

ommittee Members Present: Lisa Parr, Judy McDonough | Report Completed by: Lisa Parr

umber of Residents who received personal visits from committee members: 8

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

Ombudsman contact information is correct and clearly posted. Will provide updated flyer [X] Yes [ ] No

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

Staffing information is posted. [X] Yes [ ] No

| Resident Profile | | | Comments & Other Observations |
|---|---|---|---|
| Do the residents appear neat, clean and odor free? | [X] Yes | [ ] No | see note on reverse |
| Did residents say they receive assistance with personal care tivities, *Ex. brushing their teeth, combing their hair, inserting entures or cleaning their eyeglasses?* | [ ] Yes | [ ] No | Observed residents receiving care and participating in activities in group room, which was sunny and spacious and nicely decorated. |
| Did you see or hear residents being encouraged to participate their care by staff members? | [X] Yes | [ ] No | |
| Were residents interacting w/ staff, other residents & visitors? | [X] Yes | [ ] No | |
| Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | [ ] Yes | [ ] No | did not observe; discussed facility and staff accomodations for resident |
| Did you observe restraints in use? | [ ] Yes | [X] No | restraints are "last resort" none in 3yrs. |
| If so, did you ask staff about the facility's restraint policies? | [ ] Yes | [ ] No | |

| Resident Living Accommodations | | | Comments & Other Observations |
|---|---|---|---|
| Did residents describe their living environment as homelike? | [ ] Yes | [ ] No | noticed homelike environment with no odors or hazards noted. Very nice dining room. |
| 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 | |
| I. Did residents feel their living areas were too noisy? | [ ] Yes | [ ] No | no complaints received regarding noise |
| 2. Does the facility accommodate smokers? | [X] Yes | [ ] No | residents are free to smoke outside |
| 2a. Where? [X] 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 | Noted 5 minute response time to bell, and good rapport between staff & residents. |
| 4a. If no, did you share this with the administrative staff? | [X] Yes | [ ] No | |

| Resident Services | | | Comments & Other Observations |
|---|---|---|---|
| 5. Were residents asked their preferences or opinions about the tivities planned for them at the facility? | [X] Yes | [ ] No | Observed staff members asking residents about activity preferences |
| 5. Do residents have the opportunity to purchase personal items their choice using their monthly needs funds? | [ ] Yes | [ ] No | Business office M-F Administrators are on-call on weekends |
| 5a. Can residents access their monthly needs funds at their nvenience? | [ ] Yes | [ ] No | |
| 7. Are residents asked their preferences about meal & snack oices? | [X] Yes | [ ] No | |
| 7a. Are they given a choice about where they prefer to dine? | [X] Yes | [ ] No | |
| 8. Do residents have privacy in making and receiving phone | [ ] Yes | [ ] No | |
| 9. Is there evidence of community involvement from other civic, olunteer or religious groups? | [X] Yes | [ ] No | |
| ). 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?<br>- No complaints noted<br>- Observed need for oral care for two residents. (white matter noted on teeth). | Discuss items from ***"Areas of Concern"*** Section as well a any changes observed during the visit. |

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- Dining room and activities room were soothing, sunny and spacious.
- Noted that residents have table cloths, menus + accommodations for wheelchairs.
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