Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type: [ ] Adult Care Home [ ] Family Care Home [ ] Combination Home [X] Nursing Home	Facility Name: The Laurels of Summit Ridge
Visit Date 11/26/14 — 11/26/14	Time Spent in Facility: 1 hr 10 min	Arrival Time 10:00 a.m.: 10 am
Name of Person Exit Interview was held with:	Interview was held: [ ] In-Person XX	
Name: Michela Wilson – Director of Nursing		Phone: 828-299-1110
Title: Check Box [ ] Admn. [ ] SIC (Supervisor in Charge) Director of Nursing [ ] Other staff		
Committee Members Present: John Bernhardt, Kalindi Trietley, Oscar Starnes, Margaret Davis		Report Completed by: Margaret Davis

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.	[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	----CAC team did not ask directly – observed residents appearing clean and groomed
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	----observed positive interactions between staff and residents
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	[X] No	----can not answer – did not observe
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?	[X] Yes	[ ] No	----one resident commented on her appreciation of being allowed to have her recliner from home. Personal pictures or walls give a home like atmosphere
9. Did you notice unpleasant odors in commonly used areas?	[X] Yes	[ ] No	
10. Did you see items that could cause harm or be hazardous?	[ ] Yes	[X] No	
11. Did residents feel their living areas were too noisy?	[ ] Yes	[X] No	----noticed smell of urine on second floor. Appeared to be clean up in progress (mop bucket and wet floor area sign)
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	
14. Did staff answer call bells in a timely & courteous manner?	[ ] Yes	[X] No	
14a. If no, did you share this with the administrative staff?	[X] Yes	[ ] No	----not observed by CAC- two residents stated call bells are slow to be answered especially during busy time or when short staffed. One resident said call bell will be answered immediately but staff will shut off, leave room and return to take care of situation at a later time

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	----one residents said there are many activities and believes there is a need for new or updated activities – "activities are in a rut"
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	----resident's comments about food and service are very positive
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?	[ ] Yes	[ ] No	----CAC did not ask about choice of dining location
18. Do residents have privacy in making and receiving phone calls?	[X] Yes	[ ] No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	[X] Yes	[ ] No	
20. Does the Facility have a Resident's Council?	[X] 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.

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.

DHHS DOA-022/2004
Needs and strengths:

Call bells – indication from residents of long waits – Resident attributed to short staffing
Activities – more variety request
Resident reported requesting 3 times to see a doctor. Director of nursing was advised and very responsive. Director of Nursing stated she will check in immediately with the resident, about the exercise program, wireless connection, professional, friendly and caring staff