

Community Advisory Committee Quarterly/Annual Visitation Report

County: Swain		Facility Type:				Facility Name: The Laurels of Summit Ridge 100 Riceville Road, Asheville						
		Adult Care Home		Family Care Home								
		Combination Home		X	Nursing Home							
Visit Date 11/10/16	Time Spent in Facility 1 hr				min		Arrival Time 11:45	: 45		x am		pr
Person Exit Interview was held with: Michela Wilson Director of Nursing and Lois Dyer, Regional Quality Assurance Manager							Interview was held		In-Person or Phone (Circle) in person			

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	
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Committee Members Present: John Bernhardt, O.E. Starnes, Diana Glass (Margaret Davis not present - notes taken by O.E and report written by md)	Report Completed by: Margaret Davis
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Number of Residents who received personal visits from committee members: 13 residents and 1 staff

Resident Rights Information are clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. up to date <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only) did not see will check next tie <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>-No odors to report, facility appeared clean and orderly</p> <p>-No instances of flu</p> <p>-general theme of feedback from residents was a level of staff apathy towards difficult and or needy residents when comes to response to call bells</p> <p>-One resident reported her roommate quit needy and used call bell frequently and staff response to the call bell falling off as a result. This resident has been assisting needy roommate, as a result, use of her own call bell to get help for roommate and response rate to her bell diminished as well.</p> <p>Administrator advised</p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations Observations	Comments & Other
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

- 9. Did residents describe their living environment as homelike? Yes No
- 10. Did you notice unpleasant odors in commonly used areas? Yes No
- 11. Did you see items that could cause harm or be hazardous? Yes No
- 12. Did residents feel their living areas were too noisy? Yes No
- 13. Does the facility accommodate smokers? Yes No
- 14. Where? Outside only Inside only Both Inside and Outside.
- 15. Were residents able to reach their call bells with ease? Yes No
- 16. Did staff answer call bells in a timely & courteous manner? Yes No
- 17. If no, did you share this with the administrative staff? Yes No

Volunteer witnessed an interaction between CNA and resident concerning violation of dignity and privacy issues of resident. This incident has been reported to the facility (DON and Quality Assurance Manager advised, as well as, Ruth Price and Julia Gibson, Ombudsmen)

Resident Services	Yes	No	Comments & Other Observations
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- 18. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 19. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 20. Can residents access their monthly needs funds at their convenience? Yes No
- 21. Are residents asked their preferences about meal & snack choices? Yes No
- 22. Are they given a choice about where they prefer to dine? Yes No
- 23. Do residents have privacy in making and receiving phone calls? Yes No
- 24. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 25. Does the Facility have a Resident's Council? Yes No

Areas of Concern	Yes	No	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

- **Check call Bell response time**
Need to check on resident council meetings to ensure they are still occurring
Dignity and privacy issues
Call bell response

Discuss items from ***“Areas of Concern”*** Section as well as any changes observed during the visit.