

Community Advisory Committee Quarterly/Annual Visitation Report

County:
Buncombe

	Facility Type:			Facility Name: The Laurels of Summit Ridge									
	Adult Care Home		Family Care Home										
	Combination Home	<input checked="" type="checkbox"/>	Nursing Home										
Visit Date 02/04/2015	Time Spent in Facility			1	hr	30	min	Arrival Time	10	:	<input checked="" type="checkbox"/>	am	pm

Person Exit Interview was held with: **Michela Wilson Director of Nursing and Administrator; Judy Boyer** Interview was held In-Person or Phone (Circle) in person

Director of Nursing SIC (Supervisor in Charge) Other Staff: (Name & Title) **Judy Boyer - Administrator**

Committee Members Present: **John Bernhardt, Margaret Davis, Kate Elliott -Ombudsman in training** Report Completed by: **Margaret Davis**

Number of Residents who received personal visits from committee members: **10+**

Resident Rights Information are clearly visible. Y N Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N 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

However, residents appear groomed, neat and cared for

Several residents said they like the facility and the staff

Observed Trudy (CNA) speaking and interacting with residents. She has a positive attitude and said she loves her job, which is obvious.

No restraints observed

Resident Living Accommodations Observations

Comments & Other

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

Many indicated positive care from staff and love the facility

The facility is very clean . Anthony from housekeeping was friendly to us and staff. He takes pride in his work-

Observed the outdoor area which allows smokers. Spoke to a staff member who indicated smokers are supervised when outside.

All residents interviewed indicated that call bells are answered timely.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Numerous activities posted in large print in hallyways and postd individually in rooms

Observed pet therapy and exercise activity while visiting the facility

(same as last month) Administrator advised that monthly funds are accessed through the social worker

Activities calendar verifies outside involvement

20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident council is active - notice of meetings are displayed

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?

- All short term rehab residents give glowing reports on care and staff professionalism
- Building very clean!

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

The vacuum cleaner is very loud and annoying. Advised Administration.

One resident appeared agitated - we advised administration.

