

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Swain	<b>Facility Type:</b>				<b>Facility Name:</b> The Laurels of Summit Ridge 100 Riceville Road, Asheville									
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home												
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home												
<b>Visit Date</b> 11/8/2015	<b>Time Spent in Facility</b>			1	hr	15	min	<b>Arrival Time</b>	10	:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
<b>Person Exit Interview was held with: Administrator; Judy Boyer</b>								<b>Interview was held</b>		<b>In-Person or Phone (Circle) in person</b>				

Administrator XX	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> John Bernhardt, Margaret Davis, O.E. Starnes	<b>Report Completed by:</b> Margaret Davis
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**Number of Residents who received personal visits from committee members: 10+**

<b>Resident Rights Information are clearly visible.</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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><b>Residents appear clean, neat, groomed</b></p> <p><b>Short term rehab residents gave glowing reports on the facility in areas of professional care and kindness of staff.</b></p> <p><b>No restraints observed</b></p> <p><b>One resident stated more CNA's are needed, during staffing shortage "CNA's take on an attitude probably because they are tired". Administrator notified</b></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**

9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. 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 Inside and Outside.				
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 . Spoke with the cleaning staff who expressed pride in the clean facility.**

**Observed the outdoor area which allows smokers. Saw one smoker outside.**

**Two residents stated that call bells are not always answered in a timely manner. The resident has spoken to the Administrator and indicated that he gets a very positive response and issues are resolved by speaking to the Administrator. CAC share this information with the Administrator.**

**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

**Numerous activities posted in large print in hallways and posted individually in rooms**

**One resident said she loved the pet therapy program.**

**There is a dining room issue that Administration is aware of. Plans have been put in place to correct. Several residents indicated they eat in their room because of the dining area problems.**

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

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	Yes		No
x	Yes		No

20. Does th

Facility have a Resident's Council?

Activities calendar indicates outside involvement - pet therapy and calendar events.

Resident council is active - notice of meetings are displayed -One resident did not know about the meetings - I notified Admin to make sure an invitation is received.

**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?

- **Call Bell response time**
- **Dining room experience -Administrator indicated there has been dining room issues. A plan has been put in place to monitor.Many of the residents indicate they eat in their room as the dining experience is unpleasant. Administration is trying to correct the issue**
- **One resident said more CNA's are needed - "turn over is huge...when there is a shortage, staff are tired and take "on an attitude".**

Discuss items from **"Areas of Concern"** Section as well as any changes observed during the visit.  
**Discussed with Administrator all concern noted above**