

Please make
6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Buncombe</i>		Facility Type:				Facility Name: <i>The Oaks at Sweeten Creek</i>			
		<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home						
		<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home						
Visit Date	<i>10/14/14</i>	Time Spent in Facility			<i>2</i> hr	<i>30</i> min	Arrival Time		<i>2</i> : <i>30</i> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with:							Interview was held <input checked="" type="checkbox"/> In-Person		

Name: <i>Bethany Baynard, Administrator</i>				Phone:	
Title: Check Box <input checked="" type="checkbox"/> Admn.		<input type="checkbox"/> SIC (Supervisor in Charge)		<input type="checkbox"/> Other staff	

Committee Members Present: <i>Ellen Aaker Sonya Friedrich Observer Linda Burrell</i>			Report Completed by: <i>Sonya</i>		
Number of Residents who received personal visits from committee members: <i>7</i>					

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

Resident Profile	Comments & Other Observations
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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

Resident Living Accommodations	Comments & Other Observations
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8. Did residents describe their living environment as homelike? Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes No
10. Did you see items that could cause harm or be hazardous? Yes No
11. Did residents feel their living areas were too noisy? Yes No
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? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Resident Services	Comments & Other Observations
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
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
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and receiving phone calls? Yes No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
20. 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?

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

We did hear some complaints that the food was cold when served.

There was some discussion with Bethany about a resident bullying others and she was aware of the issue and they were trying to stay aware of the resident's behavior.

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

Bethany said she would look into the issue of the food being cold when served.

Some of the bed bound residents had not met the new administrator and Bethany said that she had been trying to meet all of the residents but knew that there were at least 5 or 6 who she had not talked with in the 2 months since she had been appointed.