

Please make
6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>		Facility Type:			Facility Name: <u>The Oaks at Sweeten Creek</u>			
		<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: <u>6/10/15</u>	Time Spent in Facility: <u>2</u> hr <u>15</u> min			Arrival Time: <u>3</u> : <u>00</u> am <input checked="" type="checkbox"/> pm	Interview was held <input checked="" type="checkbox"/> In-Person			
Name of Person Exit Interview was held with:								Phone:
Name: <u>Ashley Smithey, Administrator</u>								
Title: Check Box <input type="checkbox"/>		Admn. <input type="checkbox"/>		SIC (Supervisor in Charge) <input type="checkbox"/>		Other staff <input type="checkbox"/>		
Committee Members Present: <u>Ellen Baker, Kate Elliott, Sonya Sniedrich</u>						Report Completed by: <u>Sonya</u>		
Number of Residents who received personal visits from committee members: <u>12</u>								
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>				Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- 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
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Resident in bed and serving tray was pushed right against her stomach

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
- Were residents able to reach their call bells with ease? Yes No
- 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

Comments & Other Observations

Halls were very congested w/ med cart, laundry carts, cleaning cart, etc.

Don't recall hearing any call bells

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 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
- 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
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

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

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Many of the residents were in the dining room playing bingo. Of the residents we spoke with every one was positive about the staff and the care they were giving.

It was good to see Carolyn which was staying. noted that when she was working in the state she was address residents by name.

DHHS DOA-022/2004

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