

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>			
		Adult Care Home	Family Care Home				
		Combination Home	<input checked="" type="checkbox"/> Nursing Home				
Visit Date	<u>3/31/2015</u>	Time Spent in Facility		Arrival Time			
		1 hr	45 min	10	:	30	am
Name of Person Exit Interview was held with:				Interview was held		<input checked="" type="checkbox"/> In-Person	
Name: <u>Ashley Smalley Administrator</u>				Phone:			
Title: Check Box		<input checked="" type="checkbox"/> Admn.	<input type="checkbox"/> SIC (Supervisor in Charge)		<input type="checkbox"/> Other staff		
Committee Members Present: <u>Kate Elliott, Sonya Fredrick</u>				Report Completed by: <u>Sonya</u>			
Number of Residents who received personal visits from committee members: <u>16</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. (Required for Nursing Homes Only)		<input 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

- 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

### Resident Living Accommodations

### Comments & Other Observations

- 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

Halls are crowded when house-keeping cart, dirty linen receptacle + left assist are bunched close together

### Resident Services

### Comments & Other Observations

- 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
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

Small closet-size room has been set up for private phoning.

**Exit Summary** | **Areas of Concern**

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

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

Ms Smalley is going to a government committee. She is currently commuting but for husband is also committing going out as there isn't any plans to move closer. She quit insurance but very positive and we to working with lawyers.

Despite the turn over in Administration, the residents were giving the staff high marks. All form of care needs to be addressed.

We told Ashley that the residents seemed to have questioned the changes in administration and most were very skeptical with their care from the staff.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. Bottom Copy is for the CAC's Records.

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