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## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Buncombe</i>		<b>Facility Type:</b>		<b>Facility Name:</b> <i>The Oaks at Sweeten Creek</i>			
		Adult Care Home	Family Care Home				
		Combination Home	<input checked="" type="checkbox"/> Nursing Home				
<b>Visit Date:</b> <i>11/17/15</i>	<b>Time Spent in Facility:</b> <i>1</i> hr <i>45</i> min	<b>Arrival Time:</b> <i>2</i> : <i>30</i> am <input checked="" type="checkbox"/> pm	<b>Name of Person Exit Interview was held with:</b>				
			<b>Interview was held:</b> <input checked="" type="checkbox"/> In-Person				

<b>Name:</b> <i>Ashley Smithey administrator</i>			<b>Phone:</b>		
<b>Title:</b> Check Box <input type="checkbox"/> Admn. <input type="checkbox"/>		<b>SIC (Supervisor in Charge)</b> <input type="checkbox"/>		<b>Other staff</b> <input type="checkbox"/>	

<b>Committee Members Present:</b> <i>Kate Elliott, Sonya Friedrich</i>			<b>Report Completed by:</b> <i>Sonya</i>		
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**Number of Residents who received personal visits from committee members:** *13*

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	<b>Staffing information is posted.</b> <input checked="" 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	
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 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 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 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	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>in one hall</i>
9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input 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	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Small room has been made available for private calls</i>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> 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 heard several comments about the food just not being good, especially the breakfast. Some residents expressed concern over the apparent shortness of staff and the time of response to call bells.

In our interview with Ashley, she was somewhat aware that the kitchen staff was having problems in holding the oatmeal in the right consistency for serving. Since staffing was mentioned Ashley said that they were raising

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the starting wages for CNAs in an effort to improve the ratio of staff to residents

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