

Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson				Facility Type -		Family Care Home		Country Meadows Family Care Home 121 Hazelton Drive Hendersonville, North Carolina 28739							
				Adult Care Home		<input checked="" type="checkbox"/>	Nursing Home								
				Combination Home											
Visit Date	1	29	2015	Time Spent in Facility		hr	20	min	Arrival Time	10	30	Am			
Name of Person Exit Interview was held with Debbie Herring SIC								Interview was held		<input checked="" type="checkbox"/>	In-Person				
Phone		Admn.		SIC (Supervisor in Charge)		Other staff									
828 693-9795															
Committee Member Present: Nancy Sloan, Carol Ward, Everett Sauer, Dee Hill,								Report Completed by: Dee Hill							
Number of Residents who received personal visits from committee members: 3															
Resident Rights Information is clearly visible.				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ombudsman contact information is correct and clearly posted.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
The most recent survey was readily accessible. <i>(Required for Nursing Homes Only)</i>				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Staffing information is posted.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. Do the residents appear neat, clean and odor free?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Census: 5							
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 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 type="checkbox"/>	No								
7. If so, did you ask staff about the facility's restraint policies?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
8. Did residents describe their living environment as homelike?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
9. 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 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 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 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								
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								
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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No								
19. Is there evidence of community involvement from other civic, volunteer or religious groups?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
20. Does the Facility have a Resident's Council?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? NONE NOTED	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. NONE NOTED
---	--

Facility is very clean and offers a home like environment for residents. Residents were either in their rooms, or in the living room. Spoke with one resident who stated "I like living here".

Exit interview was held in person with Debbie Herring, neither we nor she had any concerns.