

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Combination Home	Facility Name GOLDEN LIVING CENTER GLC HENDERSONVILLE, NC
Visit Date 5/22/15	Time Spent in Facility 2 hr 30 min	Arrival Time 12:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with KATHY PHILLIPS (EXECUTIVE DIRECTOR) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor In Charge) <input type="checkbox"/> Other Staff Rep ALYSIA VINDIGNI (DIRECTOR OF NURSING) (Name & Title)		
Committee Members Present: KATHY DUNN, CALVIN TITUS, MARTHA SACHS, AUBREY CARRUTH, BERNIE BRUDSKY		Report Completed by: AUBREY T. CARRUTH
Number of Residents who received personal visits from committee members: 14		
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 (Required for Nursing Homes Only)	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Profile	Comments & Other Observations
<ol style="list-style-type: none"> 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2 RESIDENTS 7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<p>AVAILABLE BEDS: 150 BEDS OCCUPIED: 129 THE AVERAGE LEVEL OF THESE RESIDENTS ACUITY AND MEDICAL STATE APPEARED TO BE SOMEWHAT LOWER THAN IN COMPETING LOCAL INSTITUTIONS.</p>

Resident Living Accommodations	Comments & Other Observations
<ol style="list-style-type: none"> 8. Did ^{SOME} residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" 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 type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside & 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<p>THIS FACILITY/ROOMS WAS CLEAN, WITH FEW DIRTY LINEN CONTAINERS OR OTHER PARAPHERNALIA BLOCKING HALLWAYS. IN OUR TEAMS 2 1/2 HOUR VISITATION WE NOTED 3 CALL BELLS NOT ANSWERED WITHIN 4 MINUTES.</p> <p>SANITATION SCORES: 98%</p>

Resident Services	Comments & Other Observations
<ol style="list-style-type: none"> 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4th TUESDAY MONTHLY - 2 PM) Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<p>AS WITH ALL LARGE LOCAL INSTITUTIONS, GLC PROVIDES A HOST OF ACTIVITIES... COFFEE SOCIALS, BINGO & OTHER GAMES, MOVIES, NAIL SALON, SHOPPING OUTINGS, "MUSIC MANIA"</p>

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? PRESENTLY/RECENTLY GLC IS RESPONDING TO A NUMBER OF "DEFICIENCIES" OF THE NC DEPARTMENT OF HEALTH & HUMAN SERVICES, NOTED IN THEIR SURVEY OF 10/10/14. EG. "RESIDENTS DID NOT RECEIVE "APPEAL RIGHTS NOTICE," "DID NOT IDENTIFY ALL EXPIRED MEDICATIONS," "2 OF 6 RESIDENTS NOT FREE OF SIGNIFICANT MEDICAL ERRORS." "GLC'S MEDICATION ADMINISTRATION RECORD SYSTEM (MAR) MUST BE OVERHAULED." HEADQUARTERS GLC IS SENDING TEAM TO ASSIST LOCAL PERSONNEL IN DEVELOPING THESE VITAL SYSTEM OVERHAULS.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the v</p> <p>OUR TEAM DISCUSSED THE ISSUES RAISED BY DH&HS, INCLUDING THE ISSUANCE TO NEW RESIDENTS, A "PROPER" ISSUE OF MEDICARE NOTICES OF NON-COVERAGE"</p> <p>THIS DOCUMENT IDENTIFIES TO NEW RESIDENTS WHAT MEDICARE WILL NOT PAY FOR</p>

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.