

# Community Advisory Committee Quarterly/Annual Visitation Report Solder Lewis Ctr

County <b>HENDERSON</b>	Facility Type - Family Care Home Adult Care Home <input checked="" type="checkbox"/> <b>Nursing Home</b> Combination Home	1510 Hebron Street Hendersonville NC 28734
Visit Date <b>4/17/2014</b>	Time Spent in Facility hr <b>45</b> min	Arrival Time <b>10:30</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">a m</span> pm

Name of Person Exit Interview was held with	Interview was held <input type="checkbox"/> In-Person <input checked="" type="checkbox"/>
Phone	Admn. SIC (Supervisor in Charge) Other staff

Supervisor: **Cathy Phillips - Elective Director**

Committee Members Present: **Michelle Langston, Larry Kosewsky, Donna Donald, Nancy Sloan, Nancy Maravilla**

Report Completed by: **Dee Hill**

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No

Most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

*(Required for Nursing Homes Only)*

Resident Profile	Comments & Other Observations
<p>Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Census Nursing - 88-150</b></p> <p><b>Secured Unit 21 - 24 Residents</b></p> <p><b>Facility - clean - NO odor</b></p>

Resident Living Accommodations	Comments & Other Observations
<p>Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.</p> <p>Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>most residents were in their Rooms - Sleeping -</b></p> <p><b>Activity Board - list new activities</b></p> <p><b>New foods in the menu</b></p>

Resident Services	Comments & Other Observations
<p>Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are residents asked their preferences about meal &amp; snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence of community involvement from other civic, inter or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Residents all given "Residents Choice" meal - their choice</b></p> <ul style="list-style-type: none"> <li>- Beet Hot Dogs</li> <li>- mustard-onion</li> <li>- Baked Beans</li> <li>- Cole Slaw</li> <li>- Vanilla Pudding</li> </ul>

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.

Areas of Concern

Exit Summary

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

4/10/12

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

- New Director at this facility -

- New Patio furniture for secured unit Residents

- Secured unit outstanding - clean, safe, + homey. The staff in this unit shows respect, compassion, + offer outstanding care for Residents

Exited with Cathy Dinnup - New Executive Director