



## Community Advisory Committee Quarterly/Annual Visitation Report

| County<br>Buncombe   | Facility Type: <input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home<br><input type="checkbox"/> Combination Home | Facility Name<br>Laurels of GreenTree Ridge |
|--|--|---|
| Visit date<br>3/29/2018  | Time Spent in Facility<br>Hr. 15 Min   | Arrival Time<br>Am 12:00 PM                 |
| Name of person Exit Interview was held with _____ (Name & Title)<br>Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep   |  |   |
| Committee Members Present:<br>Susan Schiemer, Ruth Price   |  | Report completed by:<br>Susan Schiemer      |
| Number of Residents who received personal visits from committee members: 0   |  |   |
| Resident Rights Information is clearly visible.<br><input 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.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Required for Nursing Homes Only)</i>  | Staffing information is posted.<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Resident Profile   | Comments and Other Observations  |   |
| <ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> | <p>Community had flu outbreak. All residents under quarantine.</p> <p>Unable to complete visit.</p>  |   |

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| Resident Living Accommodations   | Comments and Other Observations |
|--|---------------------------------|
| <p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input type="checkbox"/> Outside only<br/><input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |                                 |
| Residential Services   | Comments and Other Observations |
| <p>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</p> <p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal &amp; snack choices?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |                                 |

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| 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?</p> <p>1.) On Laurels of GreenTree website is posted "5 star Medicare Quality Rating" which is correct however the community has a 3 star Overall Medicare Rating. See Medicare.gov /Nursing Home Compare</p> <p>2.) One of the rotating photos on Laurels of GreenTree website declares "Congratulations on Deficiency Free Annual Survey" however from Medicare.gov/Nursing Home Compare their 2/2/2018 Health Inspection had 6 deficiencies.</p> | <p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p> |