

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Deerfield Episcopal Retirement									
		Adult Care Home		Family Care Home											
		Combination Home		X Nursing Home											
Visit Date	11/21/2017	Time Spent in Facility		1	hr	30	min	Arrival Time	9	:	3	0	am	x	pm

Person Exit Interview was held with:								Interview was held		In-Person or Phone (Circle)	
Cindy Clampett, DON and Brian King, Administrator											

Adm		SIC (Supervisor in Charge)		Other Staff: (Name & Title)					
Committee Members Present: Susan Schiemer, Patti Turbyfill								Report Completed by: Susan Schiemer	

Number of Residents who received personal visits from committee members: 6

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. (Required for Nursing Homes Only)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Staffing information is posted.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Residents stated that staff treated them well. CAC volunteers had the opportunity to speak with visiting family members, they too were very complimentary of the staff. Not observed this visit.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike?	
9. Did you notice unpleasant odors in commonly used areas?	

- 10. Did you see items that could cause harm or be hazardous? Yes No
- 11. Did residents feel their living areas were too noisy? Yes No
- 12. Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
- 13. Were residents able to reach their call bells with ease? Yes No
- 14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Deerfield is a smoke free campus. Smoking is not allowed on the property.

Resident Services

Comments & Other Observations

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No **N/A**
- 16a. Can residents access their monthly needs funds at their convenience? Yes No **N/A**
- 17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

The residents at Deerfield do not have monthly needs funds to obtain cash. All items are charged to their monthly bill.

CAC volunteers noted that self service water dispensers with paper cups were available for residents in the common areas.

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.

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.