

Community Advisory Committee Quarterly/Annual Visitation Report

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| County Buncombe | Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name The Laurels of GreenTree Ridge |
|--|--|---|
| Visit date 8/17/2018 | Time Spent in Facility 2 Hr. Min | Arrival Time 09:30 Am PM |
| Name of person Exit Interview was held with <u>Kevin Poole</u> (Name & Title) | | |
| Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep | | |
| Committee Members Present: Patti Turbyfill, Susan Schiemer | | 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. <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 and Other Observations | |
| <ol style="list-style-type: none"> Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>#1 Some residents were not dressed, had dirty fingernails and glasses</p> <p># 5 Not observed this 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p># 8 Not observed this visit</p> <p>#10 Toilet in bathroom that serves two semi-private rooms was soiled with feces.</p> <p>#14 One resident stated that it took over 1/2 hour before someone came to assist.</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 checked="" 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" 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>New Administrator</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> |