

**Community Advisory Committee Quarterly/Annual Visitation Report**

<b>County:</b> Buncombe		<b>Facility Type:</b>			<b>Facility Name:</b>										
		Adult Care Home		Family Care Home	Givens Highland Farms										
		Combination Home	X	Nursing Home											
<b>Visit Date</b>	1/29/18	<b>Time Spent in Facility</b>			hr	45	min	<b>Arrival Time</b>	3	:	20		am	X	pm
<b>Person Exit Interview was held with:</b>								<b>Interview was held</b>		<b>In-Person</b>					
Teresa Wineland, Director of Nursing															
<b>Adm</b>		<b>SIC (Supervisor in Charge)</b>			<b>Other Staff: (Name &amp; Title)</b>			DON							
<b>Committee Members Present:</b> John Bernhardt, Diane Duermit										<b>Report Completed by:</b> John Bernhardt					

**Number of Residents who received personal visits from committee members: 3**

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Staffing information is posted.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	On each room door is a sign with a succinct summary of information about the resident so people coming in can know relevant aspects of their lives and interests.
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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Living Accommodations Observations					Comments & Other
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Rooms are beautifully decorated by family so they truly have a home-like feeling
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No

The halls have beautiful oriignial art work in this comfortably affluent facility..

<b>Resident Services</b>	<b>Comments &amp; Other Observations</b>
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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
16. 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
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Observed several instances of staff having good interactions with residents. One resident laughingly said he wished they would leave him alone sometimes (he was actually enthusiastic about choosing this facility).

<b>Areas of Concern</b>	<b>Exit Summary</b>
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**Areas of Concern**

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