

# Community Advisory Committee Quarterly/Annual Visitation Report

*Handwritten initials/signature in blue ink.*

<b>County:</b> Buncombe	<b>Facility Type:</b>	<b>Facility Name:</b> Givens Estates <i>HEALTH CENTER</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%;">Family Care Home</td> </tr> <tr> <td>Combination Home</td> <td>X Nursing Home</td> </tr> </table>	Adult Care Home	Family Care Home	Combination Home	X Nursing Home	
Adult Care Home	Family Care Home					
Combination Home	X Nursing Home					
<b>Visit Date:</b> 9/12/2017	<b>Time Spent in Facility:</b> 2 hr 0 min	<b>Arrival Time:</b> 12 : 30 am x pm				
<b>Person Exit Interview was held with:</b> Varonica Price, RN ADON		<b>Interview was held:</b> <input type="checkbox"/> <b>In-Person or Phone (Circle):</b> <input type="checkbox"/>				
<b>Adm:</b>	<b>SIC (Supervisor in Charge):</b>	<b>Other Staff: (Name &amp; Title):</b>				
<b>Committee Members Present:</b> Susan Schiemer, Stephan Ihde		<b>Report Completed by:</b> Susan Schiemer				

**Number of Residents who received personal visits from committee members: 5**

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input checked="" 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	Visited Givens the day after heavy rains from Hurricane Irma. The community was running off their backup generators. Lights and call bells in resident rooms were functional. The residents were calm and the staff performed their duties as if nothing was amiss.
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 checked="" 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 checked="" 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	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

be hazardous?

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

Givens 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

16a. Can residents access their monthly needs funds at their convenience?  Yes  No

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

**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.