

Community Advisory Committee Quarterly/Annual Visitation Report

County:
Buncombe

Facility Type:				Facility Name: The Laurels of GreenTree Ridge			
<input type="checkbox"/> Adult Care Home		<input type="checkbox"/> Family Care Home					
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/>	<input type="checkbox"/> Nursing Home					

Visit Date	9/14/2017	Time Spent in Facility	2	hr	0	min	Arrival Time	10	:	00		am	pm
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Person Exit Interview was held with: Jessica Hauser, Administrator	Interview was held	In-Person or Phone (Circle)
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Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Susan Schiemer, Patti Turbyfill	Report Completed by: Susan Schiemer
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Number of Residents who received personal visits from committee members: 5											
Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Yes		No	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/>	Yes		No		
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input checked="" type="checkbox"/>	Yes		No	Staffing information is posted.	<input checked="" type="checkbox"/>	Yes		No		

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes		No
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 type="checkbox"/>	Yes		No
3. 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
4. Were residents interacting w/ staff, other residents & visitors?	<input type="checkbox"/>	Yes	<input checked="" 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 checked="" 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		No

Observed one wheelchair bound resident needing assistance moving their feet to propel the chair. The resident's feet were hitting the footrests. This was not addressed until committee members brought it to the staff's attention.

Resident Living Accommodations Observations

Comments & Other

3. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes		No
3. Did you notice unpleasant odors in commonly	<input checked="" type="checkbox"/>	Yes		No

Slight odor; improved over last visit.

used areas?

10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

11. Did residents feel their living areas were too noisy?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12a. Where? [x] Outside only [] Inside only [] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Medicine carts were parked around nursing station making the hallways narrow. On one side of the nursing station the walkway was obstructed by a medicine cart and a resident in a geri chair. One resident's room air conditioning vent very dusty.

Call bells ring on all hallways, not just the hall with resident's room.

After hearing a call bell for approximately 3 minutes, we asked staff about responding. The staff person told us that the bell was for the other hallway.

Resident Services

Comments & Other Observations

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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Daily flyers delivered to each resident communicates activities and meal choices. One new resident stated that they were unable to read the flyer because their glasses had not been brought from home.

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.

Staff responsiveness to residents needs. Answering call bells and observing residents in hallways.

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.