

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: The Laurels of GreenTree Ridge									
		Adult Care Home		Family Care Home											
Visit Date		11/14/2017		Time Spent in Facility		2 hr		min		Arrival Time		9 : 30		am pm	
Person Exit Interview was held with: Angie Black, DON										Interview was held			In-Person or Phone (Circle)		
Adm		SIC (Supervisor in Charge)			Other Staff: (Name & Title)										
Committee Members Present: Susan Schiemer, Patti Turbyfill, Debbie Kania										Report Completed by: Susan Schiemer					
Number of Residents who received personal visits from committee members: 7															
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. Post but outdated; was for 11/10/2017 <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	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? <input 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 checked="" 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 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 be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Televisions were too loud.

Observed call bell ringing for more than 5 minutes. When the CAC volunteer inquired with staff on duty at desk a CNA did come to resident room. However they just turned off call bell but did not address resident need. Resident stated that staff were "busy."

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

Daily Activity and meal flyers not always found in residents' rooms.

**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?

- On Laurels at GreenTree website – 5 star Medicare Quality Rating – from Medicare.gov/Nursing Home Compare - 3 star Overall Rating from Medicare.
- On Laurels at GreenTree website – "Deficiency Free Annual Survey" – from Medicare.gov/Nursing Home Compare – 12/9/2016 Health Inspection 12 deficiencies; 7/1/2017 Complaint Investigation 2 deficiencies.

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

Staff responsiveness to residents needs Turning off call bells and telling residents that they will be back.

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.