

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Givens Estate
Visit date 5/29/18	Time Spent in Facility 1 Hr. 40 Min	Arrival Time Am 1:35 PM
Name of person Exit Interview was held with <u>Kaitlyn Roberts, Charge Nurse (Mr. Prov (Name & Title)</u> Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep		
Committee Members Present: Bennett Lincoff & Peggy Franc		Report completed by: Bennett Lincoff
Number of Residents who received personal visits from committee members: 8		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	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"> 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. 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 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 	<p>We spoke with two residents who were just finishing lunch. They both said that the food was good, varied and of sufficient amounts.</p> <p>We spoke with two residents in the hallway. Both were content to be living in this facility.</p> <p>Observed and participated in a game of Uno with three residents, while a fourth resident looked on. Three staff members were also present, helping the residents play the game. The residents clearly enjoyed themselves. This was an excellent opportunity for us to interact directly with residents for an extended period of time.</p> <p>The facility has created a new division entitled Life Enrichment which oversees and coordinates Activities, Programming and Services. We met the Director, Marilyn Smith, and the Assistant Director, Kaitlin Campbell.</p>	

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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 " <i>Areas of Concern</i> " Section as well as any changes observed during the visit.