

Community Advisory Committee Quarterly /Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name Richard Wood Assisted Living at Givens Estates										
		<input checked="" type="checkbox"/> Adult Care Home										Family Care Home				
		Combination Home										Nursing Home				
Visit Date	11.12.2018	Time Spent in Facility		0	H	r	45	min	Arrival Time		11	:	00	<input checked="" type="checkbox"/> a	m	pm

Person Exit Interview was held with: JOY CALDWELL DIRECTOR OF NURSING								Interview was held		<input checked="" type="checkbox"/> In-Person or xxx circle)
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	SIC(Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: JERI HAHNER MARSHA SAFIAN		Report Completed by JERI HAHNER	
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Number of Residents who received personal visits from committee members: SIX RESIDENTS - with positive comments.

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	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 type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted. DID NOT OBSERVE	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observation
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>THERE ARE 40 RESIDENTS. 70% MALE 40% FEMALE. AGES RANGE FROM 60+ TO 98YEARS</p> <p>MOST OF THE RESIDENTS NEED SOME SORT OF PERSONAL ASSISTANCE AT SOME POINT.</p> <p>STAFF WERE SERVICING ROOMS AND AVAILABLE IF NEEDED.</p> <p>RESIDENTS WERE NOT REQUESTING HELP.</p>
<p>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Were residents interacting w/ staff, other residents & visitors?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Resident Living Accommodations

Comments & Other Observations

- 8. Did residents describe their living environment as homelike? Yes No
- 9. Did you notice unpleasant odors in commonly used areas? Yes No
- 10. Did you see items that could cause harm or be hazardous? Yes No
- 11. Did residents feel their living areas were too noisy? Yes No
- 12. Does the facility accommodate smokers?
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?
If no, did you share this with the administrative staff? Yes No

THE RESIDENTS ROOMS ARE COMFORTABLE WITH PERSONAL FURNITURE AND BELONGINGS.
THERE IS A COMMUNITY KITCHEN AVAILABLE AS WELL AS MICROWAVE AND FRIDGE IN EA ROOM.

DID NOT OBSERVE.

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?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer to eat? 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

A MONTHLY FORUM IS HELD TO ASSESS NEEDS AND DESIRES TO ALL RESIDENTS. SOME RESIDENTS ARE MORE INTERESTED IN ATTENDING THESE THAN OTHERS.

NO SPECIAL DIETS. DIABETIC CHOICES ARE AVAILABLE. DID NOT ASK. BUT, IF SOMEONE COULD NOT GET TO THE DINING ROOM THEY COULD EAT IN THEIR ROOM I AM SURE.

SEE NOTE ABOVE REGARDING A MONTHLY FORUM.

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

DID NOT SEE ANYTHING PROBLEMATIC ON THIS VISIT.

Exit Summary

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.

