

## Community Advisory Committee Quarterly/Annual Visitation Report

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County		☐ Family Care Home	Facility Name	,
Buncombe	☐ Adult Care Ho☐ Combination	ome 🗷 Nursing Home Home	Givens Estates	Health Cen
Visit date	Time Spent in Fa	acility	Arrival Time	
8/21/2018	1 Hr. 3	0 Min	11:45 Am	PM
Name of person Exit Interview was held with _		David Moore		Name & Title)
Interview was held In-Per	Admin SIC (Supervise	or in Charge)	Other Staff Rep	
Committee Members Present:			Report complet	
Patti Turbyfill, Susan Schiemer		Susan Schiemer		ner
Number of Residents who re	sits from committee me	embers: 5		
Resident Rights Information is clearly visible.		Ombudsman contact information is correct and clearly		
☑ Yes ☐ No		posted. ☑ Yes ☐ No		
The most recent survey was readily accessible.   ☑ Yes ☐ No		Staffing information is posted.		
☑ Yes □ No (Required for Nursing Homes Only)		¥ Yes	□ No	
Resident Pro		Comments	ind Other Obse	ALE (EPRIN)
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1. Do the residents appear neat, clean and				
odor free? ☒ Yes ☐ No				
2. Did residents say they receive assistance		# 2 Not observed this visit		
with personal care activities, ex. brushing				
their teeth, combing their hair, inserting				
dentures or cleaning their eyeglasses?				
☐ Yes ☐ No				
3. Did you see or hear residents being				
encouraged to participate in their care by				
staff members?				
4. Were residents interacting w/ staff, other				
residents & visitors? 🛮 Yes 🗆 No				
5. Did staff respond to or interact with				
residents who had difficulty				
communicating or making their needs				
known verbally? 🛮 Yes 🗆 No				
6. Did you observe restraints in use?				
☐ Yes   No				
7. If so, did you ask staff about the facility's				
restraint policies?	s □ No			

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Resident Living Accommodations	Comments and Other Observations
<ul> <li>8. Did residents describe their living environment as homelike? ☑ Yes ☐ No</li> <li>9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No</li> <li>10. Did you see items that could cause harm or be hazardous? ☐ Yes ☒ No</li> </ul>	Resident rooms have many personal items
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 & Outside.	Givens is a smoke free campus. Smoking is not allowed on the property.
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	
Residențial Services	Comments and Other Observations
<ul> <li>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No</li> <li>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No</li> <li>16a. Can residents access their monthly needs funds at their convenience?  Yes  No</li> <li>17. Are residents asked their preferences.</li> </ul>	
17. Are residents asked their preferences about meal & snack choices?  ☑ Yes ☐ No  17a. Are they given a choice about where	One resident stated that food was cold when
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	delivered to the room.
involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No 20. Does the facility have a Resident's Council? ☑ Yes ☐ No Family Council? ☐ Yes 丞 No	

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Exit Summary
Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
No concerns