

ACR

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:			Facility Name:				
	Adult Care Home		Family Care Home	Givens Highland Farms				
	Combination Home	X	Nursing Home					

Visit Date	8/15/17	Time Spent in Facility				hr	30	min	Arrival Time	2	:	20			am	X	pm
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Person Exit Interview was held with: Kathy Norman, Administrator	Interview was held	X	In-Person
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Adm	X	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: John Bernhardt, Diane Duermitt	Report Completed by: John Bernhardt
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Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ombudsman contact information is correct and clearly posted.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Staffing information is posted.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	X	Yes	<input type="checkbox"/>	No	<p>This is a continuum of care community: Out on the campus is independent living. In this building are assisted living, short and long-term rehabilitation, and a skilled nursing unit. Several years ago Highland Farms was bought by the county's larger Givens Estates but it continues to be independently managed.</p> <p>Residents were all clean. There was little opportunity to talk with them since most were in bed after lunch. The few met were happy with the facility.</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?	<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 type="checkbox"/>	No	
4. Were residents interacting w/ staff, other residents & visitors?	<input 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?	X	Yes	<input type="checkbox"/>	No	
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	X	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					Residents	Comments & Other
8. Did residents describe their living environment as homelike?	X	Yes	<input type="checkbox"/>	No	<p>Everything was clean. Mostly single rooms, with personal items making it feel like a room in their home. Out side each room is a printed page with details about the resident so staff</p>	
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	X	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?

Yes No

12a. 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?

Yes No

14a. If no, did you share this with the administrative staff?

Yes No

or visitors can talk more effectively with the resident. A one-page news letter is put in each room every day. A bulletin board near the entrance has thank-you notes from residents to staff.

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?

Yes No

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

Yes No

17. Are residents asked their preferences about meal & snack choices?

Yes No

17a. Are they given a choice about where 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 involvement from other civic, volunteer or religious groups?

Yes No

20. Does the Facility have a Resident's Council?

Yes No

Areas of Concern

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.
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.