

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: The Laurels at Summit Ridge										
			Adult Care Home		Family Care Home											
			Combination Home	X	Nursing Home											
Visit Date	5/4/17	Time Spent in Facility				hr	35	min	Arrival Time	1	:	05		am	X	pm
Person Exit Interview was held with:										Interview was held		In-Person				
Michaela Wilson, DON																
Adm		SIC (Supervisor in Charge)			Other Staff: (Name & Title)				Director of Nursing							
Committee Members Present: John Bernhardt, Diane Duermit										Report Completed by: John Bernhardt						

Number of Residents who received personal visits from committee members: 5

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. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	Downstairs, the south wing is short-term rehab. The residents are very happy and recommend the facility to others. The north wing will be converted to private rooms for short-term rehab. Upstairs, the south wing is long-term skilled nursing care. The north wing is assisted living. This visit most residents were in bed. Residents met in the long-term care wing had no complaints. A resident in the hall in a wheelchair who needed an adjustment got that as soon as the aide saw the problem.
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
4. Were residents interacting w/ staff, other residents & visitors? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
6. Did you observe restraints in use? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
7. If so, did you ask staff about the facility's restraint policies? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Everything was clean.
9. Did you notice unpleasant odors in commonly used areas? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? <input 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services	Comments & Other Observations
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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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Areas of Concern	Exit Summary
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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.

