Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: Combination Home
Facility Name: Givens Highland Farms

Visit Date: 1/29/18
Time Spent in Facility: hr 45 min
Arrival Time: 3:20 am
Interview was held: In-Person

Person Exit Interview was held with: Teresa Wineland, 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: 3

Resident Rights Information is clearly visible: X Yes No
Ombudsman contact information is correct and clearly posted: X Yes No
The most recent survey was readily accessible. (Required for Nursing Homes Only) Yes No
Staffing information is posted: Yes No

Resident Profile

1. Do the residents appear neat, clean and odor free? X Yes No
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? X Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? X 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 X No
7. If so, did you ask staff about the facility’s restraint policies? Yes No

Comments & Other Observations

On each room door is a sign with a succinct summary of information about the resident so people coming in can know relevant aspects of their lives and interests.

Resident Living Accommodations Observations

8. Did residents describe their living environment as homelike? X Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes X No

Rooms are beautifully decorated by family so they truly have a home-like feeling.
10. Did you see items that could cause harm or be hazardous?  
X Yes  No
11. Did residents feel their living areas were too noisy?  
Yes X No
12. Does the facility accommodate smokers?  
Yes X No
12a. Where?  [X] Outside only  [ ] Inside only  [ ] Both Inside and Outside.
13. Were residents able to reach their call bells with ease?  
X Yes  No
14. Did staff answer call bells in a timely & courteous manner?  
X Yes  No
14a. If no, did you share this with the administrative staff?  
Yes  No
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 X  No
17a. Are they given a choice about where they prefer to dine?  
X Yes  No
18. Do residents have privacy in making and receiving phone calls?  
X 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

The halls have beautiful original art work in this comfortably affluent facility.

Observed several instances of staff having good interactions with residents. One resident laughingly said he wished they would leave him alone sometimes (he was actually enthusiastic about choosing this facility).

Areas of Concern

Exit Summary

Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.