Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

<table>
<thead>
<tr>
<th>Facility Type:</th>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Care Home</td>
<td>The Oaks at Sweeten Creek</td>
</tr>
<tr>
<td>Family Care Home</td>
<td></td>
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<tr>
<td>Combination Home</td>
<td>x Nursing Home</td>
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</tbody>
</table>

Visit Date: 9/26/2017  
Time Spent in Facility: 1 hr 45 min  
Arrival Time: 10:00 x am pm  
Interview was held in-Person or Phone (Circle)

Person Exit Interview was held with:  
Ashley Smithley, Administrator

Adm  
SIC (Supervisor in Charge)  
Other Staff: (Name & Title)

Committee Members Present: Susan Schiemer, Debbie Kania  
Report Completed by: Susan Schiemer

Number of Residents who received personal visits from committee members: 6

Resident Rights Information is clearly visible.  
X Yes ☐ No

The most recent survey was readily accessible. (Required for Nursing Homes Only)  
X Yes ☐ No

Ombudsman contact information is correct and clearly posted.  
X Yes ☐ No

Staffing information is posted.  
X 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?  
Yes ☐ No

3. Did you see or hear residents being encouraged to participate in their care by staff members?  
X 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?  
X 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

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?  
X Yes ☐ No

Comments & Other Observations  
Residents expressed that they felt well cared for. One resident decorates door for each season.  
Hall 200 had urine smell.
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?  
   [x] Yes [ ] No  
12. Does the facility accommodate smokers?  
   [x] Yes [ ] 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?  
   [x] Yes [ ] No  

Soiled linen carts and housekeeping carts were in the hallways along with clean linen carts.  
Announcements on the public address system were loud in the hallways.  
One resident stated that her CNA and nurse had taken jobs at another community.  

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   [x] Yes [ ] No  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
   [x] Yes [ ] No  
16a. Can residents access their monthly needs funds at their convenience?  
   [x] Yes [ ] No  
17. Are residents asked their preferences about meal & snack choices?  
   [x] Yes [ ] 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?  
   [x] Yes [ ] No  
20. Does the Facility have a Resident’s Council?  
   [x] Yes [ ] No  

Very full activity calendar. Also have weekly pet visits.  
Small private room with phone, desk and chair.  

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

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.  

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