Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

<table>
<thead>
<tr>
<th>Facility Type:</th>
<th>Facility Name: Deerfield Episcopal Retirement</th>
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<tbody>
<tr>
<td>Adult Care Home</td>
<td>Family Care Home</td>
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<tr>
<td>Combination Home</td>
<td>Nursing Home</td>
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Visit Date: 9/14/2017

Time Spent in Facility: 1 hr 30 min

Arrival Time: 10 am

Interview was held:

Person Exit Interview was held with:

Cindy Clampett, DON

Adm

SIC (Supervisor in Charge)

Other Staff: (Name & Title)

Committee Members Present: Susan Schiemer, Patti Turbyfill

Report Completed by: Susan Schiemer

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

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) [x] Yes [ ] No

Staffing information is posted. [x] Yes [ ] No

Resident Profile

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do the residents appear neat, clean and odor free?</td>
<td></td>
<td></td>
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<tr>
<td>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Did you see or hear residents being encouraged to participate in their care by staff members?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Were residents interacting w/ staff, other residents &amp; visitors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Did you observe restraints in use?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>7. If so, did you ask staff about the facility’s restraint policies?</td>
<td>Yes</td>
<td>No</td>
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Comments & Other Observations

Arrived after lunch; most residents had retired to their rooms with doors shut.

Residents stated that staff treated them well.

Resident Living Accommodations Observations

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes</td>
<td>X</td>
</tr>
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</table>

Comments & Other

Rooms and common areas were neat and clean.
10. Did you see items that could cause harm or be hazardous? Yes X 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? [ ] 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

**Resident Services**

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? Yes No
16a. Can residents access their monthly needs funds at their convenience? N/A 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

**Areas of Concern**

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

**Comments & Other Observations**

One resident remarked that a neighbor sometimes calls out at night.

Deerfield is a smoke free campus. Smoking is not allowed on the property.

The residents at Deerfield do not have monthly needs funds to obtain cash. All items are charged to their monthly bill.

Residents commented that the food was excellent.

**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.