Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

<table>
<thead>
<tr>
<th>Facility Type:</th>
<th>Facility Name:</th>
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<tbody>
<tr>
<td>Adult Care Home</td>
<td>Givens Estates' HEALTH CENTER</td>
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<tr>
<td>Family Care Home</td>
<td>Nursing Home</td>
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<td>Combination Home</td>
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Visit Date: 9/12/2017

Time Spent in Facility: 2 hr 0 min

Arrival Time: 12:30 am

Person Exit Interview was held with: Varonica Price, RN ADON

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

Committee Members Present: Susan Schiemer, Stephan Ihde

Report Completed by: Susan Schiemer

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

Resident Rights Information is clearly visible: Yes

Ombudsman contact information is correct and clearly posted: Yes

The most recent survey was readily accessible: No

Staffing information is posted: Yes

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? [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 [X] No

Comments & Other Observations

Visited Givens the day after heavy rains from Hurricane Irma. The community was running off their backup generators. Lights and call bells in resident rooms were functional. The residents were calm and the staff performed their duties as if nothing was amiss.

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

10. Did you see items that could cause harm or [X] 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  

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  

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**Areas of Concern**

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

**Exit Summary**

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

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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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