Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

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<tr>
<th>Facility Type:</th>
<th>Family Care Home</th>
<th>Adult Care Home</th>
<th>Facility Name: The Laurels of GreenTree Ridge</th>
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<tr>
<td>Combination Home</td>
<td>x</td>
<td>Nursing Home</td>
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Visit Date: 9/14/2017
Time Spent in Facility: 2 hr 0 min
Arrival Time: 10:00 am

Person Exit Interview was held with:
Interview was held
In-Person or Phone (Circle)

Jessica Hauser, Administrator

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<tr>
<th>Adm</th>
<th>SIC (Supervisor in Charge)</th>
<th>Other Staff: (Name &amp; Title)</th>
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Committee Members Present:
Susan Schieter, Patti Turbyfill

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

Resident Rights Information is clearly visible.
The most recent survey was readily accessible. (Required for Nursing Homes Only)

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<th>x</th>
<th>Yes</th>
<th>No</th>
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Ombudsman contact information is correct and clearly posted.
Staffing information is posted.

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? [x] Yes [ ] No
7. If so, did you ask staff about the facility’s restraint policies? [ ] Yes [ ] No

Comments & Other Observations

Observed one wheelchair bound resident needing assistance moving their feet to propel the chair. The resident’s feet were hitting the footrests. This was not addressed until committee members brought it to the staff’s attention.

Resident Living Accommodations

3. Did residents describe their living environment as homelike? [ ] Yes [x] No
4. Did you notice unpleasant odors in commonly [ ] Yes [x] No

Slight odor; improved over last visit.
used areas?

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] Outside only  [ ] Inside only  [ ] Both

12a. Where?  
   [X] Outside  [ ] Inside

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

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**Resident Services**

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?  
   [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

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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?

Staff responsiveness to residents needs. Answering call bells and observing residents in hallways.

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**Comments & Other Observations**

Medicine carts were parked around nursing station making the hallways narrow. On one side of the nursing station the walkway was obstructed by a medicine cart and a resident in a geri chair. One resident's room air conditioning vent very dusty.

Call bells ring on all hallways, not just the hall with resident's room.

After hearing a call bell for approximately 3 minutes, we asked staff about responding. The staff person told us that the bell was for the other hallway.

Daily flyers delivered to each resident communicates activities and meal choices. One new resident stated that they were unable to read the flyer because their glasses had not been brought from home.

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**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.

DHHS DOA-022/2004