## Community Advisory Committee Quarterly/Annual Visitation Report

### County:
Buncombe

### Facility Type:
- Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home

### Facility Name:
Givens Highland Farm

### Visit Date:
5/11/17

### Time Spent in Facility:
35 min

### Arrival Time:
3:10 am

### Person Exit Interview was held with:
Teresa Wineland, Assistant DON

### Committee Members Present:
John Bernhardt, Diane Duermit

### Report Completed by:
John Bernhardt

### 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.
- [X] Yes
- [ ] No

### Staffing information is posted.
- [ ] Yes
- [X] 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
   - [X] No

3. Did you see or hear residents being encouraged to participate in their care by staff members?
   - [ ] Yes
   - [X] 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
   - [X] 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
   - [X] No

### Resident Living Accommodations

8. Did residents describe their living environment as homelike?
   - [ ] Yes
   - [X] No

9. Did you notice unpleasant odors in commonly used areas?
   - [ ] Yes
   - [X] No

### Comments & Other Observations

- Assisted living and skilled nursing care. Residents may be from the Highland Farm but many this is not required. All were clean and neatly dressed.
- Many were getting ready for an afternoon chapel service/activity. All were in good spirits.
10. Did you see items that could cause harm or be hazardous? 
- Yes [ ] No [X] 

11. Did residents feel their living areas were too noisy? 
- Yes [ ] No [X] 

12. Does the facility accommodate smokers? 
12a. Where?  [ ] Outside only  [ ] Inside only  [ ] Both Inside and Outside. 
- Yes [X] No [ ] 

13. Were residents able to reach their call bells with ease? 
- Yes [X] No [ ] 

14. Did staff answer call bells in a timely & courteous manner? 
- Yes [X] No [ ] 
14a. If no, did you share this with the administrative staff? 
- Yes [X] No [ ] 

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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 
- Yes [ ] No [X] |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 
- Yes [ ] No [X] |
| 16a. Can residents access their monthly needs funds at their convenience? 
- Yes [ ] No [X] |
| 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? 
- Yes [X] No [ ] |
| 18. Do residents have privacy in making and receiving phone calls? 
- Yes [X] No [ ] |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? 
- Yes [ ] No [X] |
| 20. Does the Facility have a Resident’s Council? 
- Yes [X] No [ ] |

**Areas of Concern**

**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.