### Community Advisory Committee Quarterly/Annual Visitation Report

- **County:** Buncombe
- **Facility Type:***
  - Adult Care Home
  - Family Care Home
  - Combination Home
  - Nursing Home
- **Facility Name:** The Laurels at Summit Ridge
- **Visit Date:** 5/4/17
- **Time Spent in Facility:** 3 hr 35 min
- **Arrival Time:** 1:05 am
- **Person Exit Interview was held with:**
  - Interview was held in-person
  - Person: Michaela Wilson, DON
  - Adm SIC (Supervisor in Charge): Director of Nursing
- **Committee Members Present:** John Bernhardt, Diane Duermit
- **Report Completed by:** John Bernhardt

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

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The most recent survey was readily accessible.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ombudsman contact information is correct and clearly posted.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Staffing information is posted.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Resident Profile

1. Do the residents appear neat, clean and odor free?
   - X Yes
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
3. Did you see or hear residents being encouraged to participate in their care by staff members?
   - X Yes
4. Were residents interacting w/ staff, other residents & visitors?
   - X Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?
   - X Yes
6. Did you observe restraints in use?
   - Yes
7. If so, did you ask staff about the facility’s restraint policies?
   - X Yes

#### Resident Living Accommodations Observations

8. Did residents describe their living environment as homelike?
   - Yes
9. Did you notice unpleasant odors in commonly used areas?
   - X Yes

### Comments & Other Observations

- Downstairs, the south wing is short-term rehab. The residents are very happy and recommend the facility to others. The north wing will be converted to private rooms for short-term rehab. Upstairs, the south wing is long-term skilled nursing care. The north wing is assisted living.
- This visit most residents were in bed. Residents met in the long-term care wing had no complaints. A resident in the hall in a wheelchair who needed an adjustment got that as soon as the aide saw the problem.
- Everything was 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  X  No

<table>
<thead>
<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
</table>
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
Yes  X  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?  
Notes |
| 20. Does the Facility have a Resident’s Council?  
Yes  X  No |

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.

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

DHHS DOA-022/2004