Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type: ☐ Family Care Home ☒ Adult Care Home ☐ Nursing Home ☐ Combination Home	Facility Name
Buncombe		Arbor Terrace
Visit date: 9.11.18	Time Spent in Facility: Hr. 25 Min	Arrival Time: 11:10 Am PM

Name of person Exit Interview was held with Gina, Director of Resident Relations *(Name & Title)*
Interview was held ☒ In-Person ☐Phone ☐Admin ☐SIC (Supervisor in Charge) ☐ Other Staff Rep

Committee Members Present:	Report completed by:
Bennett Lincoff & Peggy Franc	Bennett Lincoff

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. ☒ Yes ☐ No	Ombudsman contact information is correct and clearly posted. ☒ Yes ☐ No
The most recent survey was readily accessible. ☐ Yes ☐ No *(Required for Nursing Homes Only)*	Staffing information is posted. ☒ Yes ☐ No

Resident Profile

1. Do the residents appear neat, clean and odor free? ☒ 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? ☒ Yes ☐ No
4. Were residents interacting w/ staff, other residents & visitors? ☒ Yes ☐ No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☒ Yes ☐ No
6. Did you observe restraints in use? ☐ Yes ☒ No
7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No

Comments and Other Observations

Seven residents received personal visits while we were at the facility.

Twelve residents were engaged in coloring pictures. One staff member attended and assisted when needed.

Residents offered good reviews of the facility. One said "there's good food here," another said she was relieved no longer to have to consider when to take which medications, and another said she "really likes it here."

I spoke with a resident who had been part of a game of Uno I participated in on our last visit. She remembered me and that we had played cards together.

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Resident Living Accommodations	Comments and Other Observations
8. Did residents describe their living environment as homelike? ☒ Yes ☐ No 9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No 10. Did you see items that could cause harm or be hazardous? ☐ 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 & 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	
Residential Services	**Comments and Other Observations**
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 Family Council? ☐ Yes ☐ No	

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Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.