# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Buncombe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Type</td>
<td>- Family Care Home</td>
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<tr>
<td>- Adult Care Home</td>
<td></td>
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<tr>
<td>- Nursing Home</td>
<td></td>
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<tr>
<td>- Combination Home</td>
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<tr>
<td>Facility Name</td>
<td>Asheland Ridge Health Care</td>
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</table>

| Visit Date | 02/28/2018 |
| Time Spent in Facility | 1 hr 15 min |
| Arrival Time | 9:00 am |

**Name of Person Exit Interview was held with:**
Director of Nursing
Interview was held: In-Person
Phone: Admin.
SIC (Supervisor in Charge): 

**Other Staff Rep:** (Name & Title)

**Committee Members Present:**
G. Knoefel, L. Burrell, R. DuBrul

**Report Completed by:**
Bob DuBrul

**Number of Residents who received personal visits from committee members:**
21

**Resident Rights Information is clearly visible:**
\[Yes \Box \text{No}\]

**Ombudsman contact information is correct and clearly posted:**
\[Yes \Box \text{No}\]

**The most recent survey was readily accessible:**
\[Yes \Box \text{No}\]

**Staffing information is posted:**
\[Yes \Box \text{No}\]

**Residents received personal visits from committee members:**
\[Yes \Box \text{No}\]

**(Required for Nursing Homes Only)**

## Resident Profile

1. Do the residents appear neat, clean and odor free? \[Yes \Box \text{No}\]
2. Did residents say they received assistance with personal care activities, *Example: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* \[Yes \Box \text{No}\]
3. Did you see or hear residents being encouraged to participate in their care by staff members? \[Yes \Box \text{No}\]
4. Were residents interacting with staff, other residents & visitors? \[Yes \Box \text{No}\]
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? \[Yes \Box \text{No}\]
6. Did you observe restraints in use? \[Yes \Box \text{No}\]
7. If so, did you ask staff about the facility’s restraint policies? \[Yes \Box \text{No}\]

## Resident Living Accommodations

8. Did residents describe their living environment as homelike? \[Yes \Box \text{No}\]
9. Did you notice unpleasant odors in commonly used areas? \[Yes \Box \text{No}\]
10. Did you see items that could cause harm or be hazardous? \[Yes \Box \text{No}\]
11. Did residents feel their living areas were too noisy? \[Yes \Box \text{No}\]
12. Does the facility accommodate smokers? \[Yes \Box \text{No}\]
13. Where? \[Outside only \Box \text{Inside only \Box Both Inside & Outside.}]
14. Were residents able to reach their call bells with ease? \[Yes \Box \text{No}\]
15. Did staff answer call bells in a timely & courteous manner? \[Yes \Box \text{No}\]
16. If no, did you share this with the administrative staff? \[Yes \Box \text{No}\]

## Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? \[Yes \Box \text{No}\]
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? \[Yes \Box \text{No}\]
16a. Can residents access their monthly needs funds at their convenience? \[Yes \Box \text{No}\]
17. Are residents asked their preferences about meal & snack choices? \[Yes \Box \text{No}\]
17a. Are they given a choice about where they prefer to dine? \[Yes \Box \text{No}\]
18. Do residents have privacy in making and receiving phone calls? \[Yes \Box \text{No}\]
19. Is there evidence of community involvement from other civic, volunteer or religious groups? \[Yes \Box \text{No}\]
20. Does the facility have a Resident’s Council? \[Yes \Box \text{No}\]

## Areas of Concern

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.

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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.