### Community Advisory Committee Quarterly/Annual Visitation Report

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<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Aston Park</th>
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<tbody>
<tr>
<td>Buncombe</td>
<td>□ Family Care Home</td>
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<td></td>
<td>□ Adult Care Home</td>
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<td>□ Nursing Home</td>
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<td>□ Combination Home</td>
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#### Visit Details
- **County:** Buncombe
- **Facility Name:** Aston Park
- **Visit Date:** 02/14/2018
- **Time Spent in Facility:** 1 hr 30 min
- **Arrival Time:** 9:30 am

#### Name and Staff Present
- **Name of Person Exit Interview held with:** Karen Davis, DON
- **Other Staff Present:** (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: 17

#### Resident Rights Information
- The most recent survey was readily accessible. [ ] Yes [ ] No
- Resident Rights Information is clearly visible. [ ] Yes [ ] No
- Ombudsman contact information is correct and clearly 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 with 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

#### Resident Accommodations
1. Did residents describe their living environment as homelike? [ ] Yes [ ] No
2. Did you notice unpleasant odors in commonly used areas? [ ] Yes [ ] No
3. Did you see items that could cause harm or be hazardous? [ ] Yes [ ] No
4. Did residents feel their living areas too noisy? [ ] Yes [ ] No
5. Does the facility accommodate smokers? [ ] Yes [ ] No
6. Where? [ ] Outside only [ ] Inside only [ ] Both Inside & Outside
7. Were residents able to reach their call bells with ease? [ ] Yes [ ] No
8. Did staff answer call bells in a timely & courteous manner? [ ] Yes [ ] No
9. If no, did you share this with the administrative staff? [ ] Yes [ ] No

#### Resident Services
1. Were residents asked their preferences or opinions about the activities planned for them at the facility? [ ] Yes [ ] No
2. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [ ] Yes [ ] No
3. Can residents access their monthly needs funds at their convenience? [ ] Yes [ ] No
4. Are residents asked their preferences about meal & snack choices? [ ] Yes [ ] No
5. Are they given a choice about where they prefer to dine? [ ] Yes [ ] No
6. Do residents have privacy in making and receiving phone calls? [ ] Yes [ ] No
7. Is there evidence of community involvement from other civic, volunteer or religious groups? [ ] Yes [ ] No
8. Does the facility have a Resident's Council? [ ] Yes [ ] No
9. Family Council? [ ] Yes [ ] No

#### Areas of Concern
- Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

#### Comments & Other Observations
- One resident claimed money was stolen from his wallet. Staff searched area to see if it can be found. DON spent day talking with him and settling him down. He subsequently threatened his room mate and staff and had to be transferred to a mental health facility. The staff went above and beyond to help the resident but it became apparent within his two days there that he was not in the right place and he was moved to a more appropriate facility.

- One resident claims missing glasses and hearing aids. Staff searching area. Resident has refused to put hearing aids in safekeeping for the night.

Staff encounters were positive and supportive of the residents.

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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.