**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Buncombe  
**Facility Type:** Combination Home  
**Facility Name:** Brian Center

**Visit Date:** 12-4-17  
**Time Spent in Facility:** 8 hr 15 min  
**Arrival Time:** 10:00 am

**Name:** Amber Morgan  
**Phone:**  
**Committee Members Present:** Maria Nume & Judy McDermott

**Number of Residents who received personal visits from committee members:** 16

**Resident Rights Information is clearly visible.** Yes  
**Ombudsman contact information is correct and clearly posted.** No

**The most recent survey was readily accessible.** Yes  
**Staffing information is posted.** No

**Resident Profile**

1. Do the residents appear neat, clean and odor free? Yes
2. Did residents 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? Yes
4. Were residents interacting with other residents & visitors? Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
6. Did you observe restraints in use? Yes
7. Did you ask staff about the facility's restraint policies? Yes

**Resident Living Accommodations**

8. Did residents describe their living environment as homelike? Yes
9. Did you notice unpleasant odors in commonly used areas? Yes
10. Did you see items that could cause harm or be hazardous? Yes
11. Did residents feel their living areas were too noisy? Yes
12. Does the facility accommodate smokers? Yes
13. Were residents able to reach their call bells with ease? Yes
14. Did staff answer call bells in a timely & courteous manner? Yes
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes
17. Are residents asked their preferences about meal & snack choices? Yes
17a. Are they given a choice about where they prefer to dine? Yes
18. Do residents have privacy in making and receiving phone calls? Yes

**Resident Services**

19. Are they given a choice about where they prefer to dine? Yes
20. Does the Facility have a Resident's Council? Yes

**Overall note:** Overall yes - locked unit - not bare breasts  
**DNA:** Resident exposed  
**Administrator handled.**  
**Residents:**  
- Just outside 1 rm, on 600  
- One guy had thumb on button whole time, I had to

**Comments & Other Observations:**

- Not so much - Posted by nursing station

**Staffing information is posted.** Yes
Residents who may have left his glasses at recent HOSP. stay, or be fixed.

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.

Think: Resident ut dementia wanders into room “Hutted resident feet.” —— Adm. aware.

2. Sep. sets of visitors reported food & clothing nothing done
(2 visits report)

2. water not refilled often enough

Kudos:
Gorgeous Christmas decorations in lobby — tree, poinsettias, throw pillows

Bible stories read on locked unit

Decal above bed “”

Dietary Council — instituted monthly

Love the brief bios on the locked unit