## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:** Adult Care Home, Family Care Home, Combination Home, Nursing Home  
**Facility Name:** Community Care  
**Visit Date:** 12/14/14  
**Time Spent:** 1 hr 30 min  
**Arrival Time:** 1:00 PM  
**Interview was held:** In-Person

**Name:**  
**Title:** Admin.  
**SCC (Supervisor in Charge):** Other staff  
**Committee Members Present:**  
- Maria  
- Judy  
- Joe

**Number of Residents who received personal visits from committee members:** 5 + 6

**Resident Rights information is clearly visible:** Yes No

**The most recent survey was readily accessible:** Yes No

**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. **Evidence observed:** do you observe restraints in use? Yes No
7. **Evidence observed:** in so, did you ask staff about the facility's restraint policies? Yes No

### Comments & Other Observations

- Had to find a hand and a DNA to resident (bed ad control)

### Resident Living Accommodations

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. **Evidence observed:** Does the facility accommodate smokers? Yes No
12a. **Evidence observed:** Outside only [ ] Inside only [ ] Both Inside and Outside.
13. **Evidence observed:** Were residents able to reach their call bells with ease? Yes No
14. **Evidence observed:** Did staff answer call bells in a timely & courteous manner? Yes No
14a. **Evidence observed:** If no, did you share this with the administrative staff? Yes No

### Resident Services

15. **Evidence observed:** Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
16. **Evidence observed:** Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
16a. **Evidence observed:** Can residents access their monthly needs funds at their convenience? Yes No
17. **Evidence observed:** Are residents asked their preferences about meal & snack choices? Yes No
17a. **Evidence observed:** Are they given a choice about where they prefer to dine? Yes No
18. **Evidence observed:** Do residents have privacy in making and receiving phone calls? Yes No
19. **Evidence observed:** There evidence of community involvement from other civic, volunteer or religious groups? Yes No
20. **Evidence observed:** Does the Facility have a Resident's Council? Yes No
Areas of Concern

- Residents' colonoscopy appointment been made

- Why no more coffee & newspapers?
  - DON will buy subscription

- Food: Timing & Temp. - "Surprised if it were ever not. Stale bread.

Exit Summary

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

- Will check with Nurse Practitioner

- Left - In operable or not? - 2 folks need 6-8 folks to get them in a out of bed

Kudos:

- Many folks dressed o out of room

- Group leading Carol Sing in Solasta

- Beauty Shop is operational

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.

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