Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Care Home</td>
<td>Deaverview Heights</td>
</tr>
<tr>
<td>Family Care Home</td>
<td></td>
</tr>
<tr>
<td>Combination Home</td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td></td>
</tr>
</tbody>
</table>

Visit Date: 3/15/18
Time Spent in Facility: hr 10 min
Arrival Time: 3:00 am

Person Exit Interview was held with:
Interview was held
In-Person or Phone (Circle): X

Jeffrey Wilson, SIC
Adm
SIC (Supervisor in Charge)
Other Staff: (Name & Title)

Committee Members Present: John Bernhardt, Susan Stuart
Report Completed by: John Bernhardt

Number of Residents who received personal visits from committee members: 1

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

Resident Profile

1. Do the residents appear neat, clean and odor free? X 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? X Yes No
6. Did you observe restraints in use? Yes X No
7. If so, did you ask staff about the facility's restraint policies? Yes X No

Comments & Other Observations

5 male residents, 1 female. When we arrived one resident was watching TV, another then came outside to smoke. One had taken the bus that passes by the home. The only conversation was with the SIC but he is very good.

Resident Living Accommodations Observations

8. Did residents describe their living environment as homelike? Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes X No
10. Did you see items that could cause harm or be hazardous? Yes X No

Comments & Other

All was clean and neat. Residents neat and appropriately dressed. A cement ramp was recently built at the entrance and is now dry. The walkway at that point needs resurfacing.
11. Did residents feel their living areas were too noisy?  
   Yes [ ] No [x]

12. Does the facility accommodate smokers?  
   Yes [ ] No [x]

12a. Where?  
   [x] Outside only  
   [ ] Inside only  
   [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?  
   Yes [ ] No [x]

14. Did staff answer call bells in a timely & courteous manner?  
   Yes [ ] No [x]

14a. If no, did you share this with the administrative staff?  
   Yes [ ] No [x]

<table>
<thead>
<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td></td>
</tr>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td></td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td></td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td></td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td></td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td></td>
</tr>
<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td></td>
</tr>
<tr>
<td>20. Does the Facility have a Resident's Council?</td>
<td></td>
</tr>
</tbody>
</table>

**Overall the facility and the care seem to be excellent.**

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td></td>
</tr>
</tbody>
</table>

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

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.