### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- X Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  
**Facility Name:** Windwood Care Home

**Visit Date:** 3/15/18  
**Time Spent in Facility:** hr: 15, min: 0  
**Arrival Time:** 1:50 pm

**Person Exit Interview was held with:** Linda Williams, SIC  
**Interview was held:** In-Person

**Adm**  
**SIC (Supervisor in Charge)**  
**Other Staff:** (Name & Title)

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

**Number of Residents who received personal visits from committee members:** 3

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

### Resident Profile

**Observations**

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?*  
   - x Yes  
   - No
3. Did you see or hear residents being encouraged to participate in their care by staff members?  
   - Yes  
   - x No
4. Were residents interacting w/ staff, other residents & visitors?  
   - x 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  X  No  
7. If so, did you ask staff about the facility's restraint policies?  
   Yes  No  

<table>
<thead>
<tr>
<th>Resident Living Accommodations Observations</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>X  Yes  No</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes  X  No</td>
</tr>
<tr>
<td>10. Did you see items that could cause harm or be hazardous?</td>
<td>Yes  X  No</td>
</tr>
<tr>
<td>11. Did residents feel their living areas were too noisy?</td>
<td>Yes  X  No</td>
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<tr>
<td>12. Does the facility accommodate smokers?</td>
<td>X  Yes  No</td>
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</tbody>
</table>

Outside only

| 13. Were residents able to reach their call bells with ease? | Yes  No |
| 14. Did staff answer call bells in a timely & courteous manner? | Yes  No |
| 14a. If no, did you share this with the administrative staff? | Yes  No |

<table>
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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>X  Yes  No</td>
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<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>X  Yes  No</td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>X  Yes  No</td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>X  Yes  No</td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>Yes  X  No</td>
</tr>
<tr>
<td>18. Do residents have privacy in making and</td>
<td></td>
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</tbody>
</table>

Resident Profile

Comments & Other Observations
receiving phone calls?

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

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<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tr>
<td>Floor was unusually dirty. SIC said that mopping utensils were in locked closet that other SIC had forgotten and taken the key.</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>

Only for nearby church services.