## Community Advisory Committee Quarterly/Annual Visitation Report

**County**
- Buncombe

**Facility Type**
- Family Care Home
- Adult Care Home
- Nursing Home
- Combination Home

**Facility Name**
- Aston Park

**Visit Date**
- 11/16/2017

**Time Spent in Facility**
- 1 hr 15 min

**Arrival Time**
- 11:00 am

**Name of Person Exit Interview was held with**
- Marsha Kaufman

**Interview was held**
- In-Person
- Phone
- Admin.
- Supervisor in Charge

**Committee Members Present**
- G. Knoefel, L. Burrell, R. DuBrul

**Report Completed by**
- Bob DuBrul

<table>
<thead>
<tr>
<th>Number of Residents who received personal visits from committee members:</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Rights Information is clearly visible:</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>The most recent survey was readily accessible:</td>
<td>☑ Yes ☐ No</td>
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### 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. Did you observe residents with pacemakers, hearing aids, or insulin pumps? ☑ Yes ☐ No

### Resident Living Accommodations

8. Did residents describe their living environment as home like? ☑ 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 area too noisy? ☑ Yes ☐ No
12. Does the facility accommodate smokers? ☑ Yes ☐ No
13. Are there coffee makers available? ☑ Yes ☐ No
14. Are there microwave ovens available? ☑ Yes ☐ No
15. Are there refrigerators available? ☑ Yes ☐ No
16. Are there televisions available? ☑ Yes ☐ No
17. Are residents provided with coffee, tea, and other beverages? ☑ Yes ☐ No
18. Are residents able to have snacks at their convenience? ☑ Yes ☐ No
19. Are residents able to have meals at their convenience? ☑ Yes ☐ No

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No
16a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No
17. Are residents given a choice about where they prefer to dine? ☑ Yes ☐ No
18. Do residents feel they are treated with dignity and respect? ☑ Yes ☐ No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No
20. Does the facility have a Resident's Council? ☑ Yes ☐ No

### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

### Comments & Other Observations

Residents had no issues to report. Food was good. No complaints with call bells. 300 wing hallway very crowded with wheelchair and equipment.

### Exit Summary

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

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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.