# 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**: 08/30/2017  
**Time Spent in Facility**: 1 hr 20 min  
**Arrival Time**: 11:10 AM  
**Name of Person Exit Interview was held with**: Marsha Kaufman  
**Other Staff Rep**: (Name & Title)  
**Committee Members Present**: L. Burrell, R. DuBrul  
**Report Completed by**: Bob DuBrul  
**Number of Residents who received personal visits from committee members**: 16  
**Resident Rights Information is clearly visible**: □ Yes □ No  
**The most recent survey was readily accessible**: □ Yes □ No  
**Ombudsman contact information is correct and clearly posted**: □ 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. Did you observe restraints in use? □ Yes □ No  
7. If so, did you ask staff about the facility’s restraint policies? □ 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 areas were too noisy? □ Yes □ No  
12. Does the facility accommodate smokers? □ Yes □ No  
12a. Where? □ Outside only □ Inside only □ Both Inside & Outside.  
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  

## 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 asked their preferences about meal & snack choices? □ Yes □ No  
17a. Are they given a choice about where they prefer to dine? □ Yes □ No  
18. Do residents have privacy in making and receiving phone calls? □ 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  
   Family 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?

## 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.