Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>Facility Type:</th>
<th>Facility Name:</th>
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<tbody>
<tr>
<td>Adult Care Home</td>
<td>Leicester Heights</td>
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<tr>
<td>Family Care Home</td>
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<tr>
<td>Combination Home</td>
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<tr>
<td>Nursing Home</td>
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County: Buncombe

Visit Date: 10/11/17
Time Spent in Facility: 20 min
Arrival Time: 1:00 am

Person Exit Interview was held with: Martha Plemons (Owner and SIC)
Interview was held: In-Person

Adm
SIC (Supervisor in Charge): X
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: 3

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Resident Profile

1. Do the residents appear neat, clean and odor free? [X] Yes [No]

4. Were residents interacting w/ staff, other residents & visitors? [X] Yes [No]

6. Did you observe restraints in use? [X] Yes [No]

7. If so, did you ask staff about the facility’s restraint policies? [X] Yes [No]

Resident Living Accommodations

8. Did residents describe their living environment as homelike? [X] Yes [No]

9. Did you notice unpleasant odors in commonly used areas? [X] 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?  X  Yes  No
12. Does the facility accommodate smokers?  X  Yes  No
12a. Where?  [X] Outside only  [ ] Inside only  [ ] Both Inside and 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

17a. Are they given a choice about where they prefer to dine?  Yes  No

20. Does the Facility have a Resident’s Council?  Yes  No

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.