# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- [ ] Adult Care Home  
- [ ] Nursing Home  
- [x] Combination Home  
**Family Care Home**  
**Facility Name:** Nancy's Assisted Living  
**Visit Date:** 9/17  
**Time Spent in Facility:** 40 hr 16 min  
**Arrival Time:** 8:05 AM  
**Interview was held:** In-Person  
**Phone:** Michael Stafford  
**SIC (Supervisor in Charge):** SIC  
**Committee Members Present:**  
- [ ] Adami Ch  
- [ ] Adami  
**Number of Residents who received personal visits from committee members:** Three  
**Resident Rights Information is clearly visible:** Yes No  
**Ombudsman contact information is correct and clearly posted:** Yes No  
**The most recent survey was readily accessible:** Yes No  
**Staffing information is posted:** Did not see Yes No  
**Report Completed by:** Adami

## 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, e.g. 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?  
   - [x] Yes  
   - [ ] No  
4. Were residents interacting with staff, other residents & visitors?  
   - [x] Yes  
   - [ ] No  
5. Did staff respond 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  
   - [ ] No  
7. If so, did you ask about the facility’s restraint policies?  
   - [ ] Yes  
   - [ ] No  

## Resident Living Accommodations
8. Did residents describe their living environment as home-like?  
   - [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?  
    - [ ] Yes  
    - [ ] No  
12. Does the facility accommodate smokers?  
    - [ ] Yes  
    - [ ] No  
12a. Where? [ ] 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

## Resident Services
5. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   - [x] Yes  
   - [ ] No  
6. Do residents have the opportunity to purchase personal items using their monthly needs funds?  
   - [x] Yes  
   - [ ] No  
3a. Can residents access their monthly needs funds at their convenience?  
   - [x] Yes  
   - [ ] No  
7. Are residents asked their preferences about meal & snack choices?  
   - [x] Yes  
   - [ ] No  
1a. Are they given a choice about where they prefer to dine?  
   - [x] Yes  
   - [ ] No  
1b. Do residents have privacy in making and receiving phone calls?  
   - [ ] Yes  
   - [ ] No  
1c. Is there evidence of community involvement from other civic, volunteer or religious groups?  
   - [ ] Yes  
   - [ ] No  
1d. Does the Facility have a Resident’s Council?  
   - [ ] Yes  
   - [x] No

**Comments & Other Observations**
- Only 9 residents living in this 49 bed home. All residents say they like it, many residents with mental health issues.  
- Home is old and not well maintained. Planned improvements still not in evidence.  
- Activity calendar present, colors used the main activity, not work was displayed.  
- Community involvement has decreased.

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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.  

IHS DOA-022/2004
### Areas of Concern

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

- Fire extinguisher out of date - this has been reported before.
- Home still has inconsistent, caring staff. - but still need more staff.
- Talked about physical plant improvements, never seem to materialize.

### Exit Summary

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