# Community Advisory Committee Quarterly/Annual Visitation Report

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**County:** Buncombe  
**Facility Type:** Family Care Home  
**Facility Name:** Pisgah Manor  
**Visit Date:** 1/16/2017  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 9:00 am  
**Name of Person Exit Interview was held with:** Pam Suarez  
**Other Staff Rep:** (Name & Title)  
**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>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Rights Information is clearly visible?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>The most recent survey was readily accessible?</td>
<td>☑ Yes ☐ No</td>
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<td>(Required for Nursing Homes Only)</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 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.