### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:** Adult Care Home  
**Facility Name:** Riverside Village

**Visit Date:** 9-19-17  
**Time Spent in Facility:** hr 30 min  
**Arrival Time:** 10 am  
**Name of Person Exit Interview was held with:** [Name]

**Phone:**  
**Title:** Check Box  
**Admn.:**  
**SIC (Supervisor in Charge):**  
**Other staff:**

**Name:** James Daniel

**Number of Residents who received personal visits from committee members:**

**Resident Rights Information is clearly visible:** Yes  
**Ombudsman contact information is correct and clearly posted:** Yes  
**The most recent survey was readily accessible:** Yes

**Staffing information is posted:** Yes

### 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. 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 homelike?  
   - 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 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

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

### Comments & Other Observations

- Everyone on bench talking
- A lot of residents went to Beach for 4 days
- House and Bathroom clean and orderly
- None
- Go to BM
- Community games & get togethers
Are there resident issues or topics that need follow-up or review at a later time or during a next visit?

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

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.