Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type:
- Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home
Facility Name: Millbrook #94

Visit Date: 10/25/17
Time Spent in Facility: hr 20 min
Arrival Time: 1:45 pm

Person Exit Interview was held with: Melissa Sullivan, Adm.
Interview was held: In-Person

Committee Members Present:
Brad Alexander, John Bernhardt, Susan Stuart

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible.
- Yes [X] No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*
- Yes [X] No

Ombudsman contact information is correct and clearly posted.
- Yes [X] No

Staffing information is posted.
- Yes [X] No

Resident Profile

<table>
<thead>
<tr>
<th>Observations</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Do the residents appear neat, clean and odor free?</td>
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<td>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</td>
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<td>3. Did you see or hear residents being encouraged to participate in their care by staff members?</td>
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<td>4. Were residents interacting w/ staff, other residents &amp; visitors?</td>
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<td>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</td>
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<td>6. Did you observe restraints in use?</td>
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<td>7. If so, did you ask staff about the facility's restraint policies?</td>
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Comments & Other:
This a home for 6 women who appear to be relatively independent and mobile.

Resident Living Accommodations
Observations

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

9. Did you notice unpleasant odors in commonly used areas?
   Yes [X] No

10. Did you see items that could cause harm or be hazardous?
    Yes [X] No

11. Did residents feel their living areas were too noisy?
    Yes [X] No

12. Does the facility accommodate smokers?
    Yes [X] No

12a. Where? [X] Outside only [ ] Inside only [ ] Both
     Inside and Outside.

13. Were residents able to reach their call bells with ease?
    Yes [X] No

14. Did staff answer call bells in a timely & courteous manner?
    Yes [X] No

14a. If no, did you share this with the administrative staff?

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<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?
  Yes [X] No               | Residents who wish to attend church either walk to a nearby church or the SIC will drive them there. At least one resident plans to participate in a church community lunch soon. |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
  Yes [X] No               | This is a very clean, pleasant family care home |
| 16a. Can residents access their monthly needs funds at their convenience?
  Yes [X] No               |                                        |
| 17. Are residents asked their preferences about meal & snack choices?
  Yes [X] No               |                                        |
| 17a. Are they given a choice about where they prefer to dine?
  Yes [X] No               |                                        |
| 18. Do residents have privacy in making and receiving phone calls?
  Yes [X] No               |                                        |
19. Is there evidence of community involvement from other civic, volunteer or religious groups?
20. Does the Facility have a Resident's Council?

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<th>Areas of Concern</th>
<th>Exit Summary</th>
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<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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