# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home

- **Visit Date:** 11/14/2017  
- **Time Spent in Facility:** 2 hr min  
- **Arrival Time:** 9:30 am

**Person Exit Interview was held with:** Angie Black, DON  
**Interview was held:** In-Person or Phone (Circle)

**Committee Members Present:**  
Susan Schiemer, Patti Turbyfill, Debbie Kania

**Report Completed by:** Susan Schiemer

**Number of Residents who received personal visits from committee members:** 7

**Resident Rights Information is clearly visible:** x Yes No

**The most recent survey was readily accessible. (Required for Nursing Homes Only)** x Yes No

**Ombudsman contact information is correct and clearly posted:** x Yes No

**Staffing information is posted. Post but outdated; was for 11/10/2017** x Yes No

## 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, *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 w/ staff, other residents & visitors? x 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

**Observations**

8. Did residents describe their living environment as homelike? Yes No  
9. Did you notice unpleasant odors in commonly used areas? x No

## Comments & Other Observations

- Not observed this visit.
- Not observed this visit.
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

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Residents' 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

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Areas of Concern

- Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
- Staff responsiveness to residents needs
- Turning off call bells and telling residents that they will be back.

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Comments & Other Observations

- Televisions were too loud.
- Observed call bell ringing for more than 5 minutes. When the CAC volunteer inquired with staff on duty at desk a CNA did come to resident room. However they just turned off call bell but did not address resident need. Resident stated that staff were “busy.”
- Daily Activity and meal flyers not always found in residents’ rooms.