**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Buncombe  
**Facility Type:** □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home  
**Facility Name:** Stonecreek

**Visit Date:** 11/09/2018  
**Time Spent in Facility:** 1 hr 15 min  
**Arrival Time:** 10:30 □ am □ pm

**Name of Person Exit Interview was held with:** David Fardulis  
**Interview was held:** □ In-Person □ Phone □ Admin. □ SIC (Supervisor in Charge)

**Other Staff Rep.:**  
**Name & Title:** G. Knoefel, R. Ratcliff, R. DuBrul

**Committee Members Present:** Bob DuBrul

**Report Completed by:**

<table>
<thead>
<tr>
<th>Number of Residents who received personal visits from committee members:</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ombudsman contact information is correct and clearly posted. □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Staffing information is posted. □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

**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 Accomodations**

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 & 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

**Areas of Concern**

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

**Comments & Other Observations**

- Two complaints of lack of meals for vegetarians
- Food was salty
- Use of electric cord routed over a bed creating a shock and fire hazard.
- General satisfaction with care.

**Exit Summary**

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.*