### Community Advisory Committee Quarterly/Annual Visitation Report

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

**Facility Name:** WNC Baptist Retirement Home  
**Baptist-Rickman**

**Visit Date:** 10/31/2018  
**Time Spent in Facility:** 1 hr 10 min  
**Arrival Time:** 10:00 a.m.

**Name of Person Exit Interview was held with:** Chris Elmer  
**Interview was held:**  
- [ ] In-Person  
- [ ] Phone  
- [ ] Admin.  
- [ ] SIC (Supervisor in Charge)

**Other Staff Rep:**  
- [ ] G. Knoefel, R. Ratcliff, R. DuBrul

**Committee Members Present:**

**Report Completed by:** Bob DuBrul

**Number of Residents who received personal visits from committee members:** 10

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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 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
13. **Where? [ ] Outside only [ ] Inside only [ ] Both Inside & Outside.**
14. **Were residents able to reach their call bells with ease?** [ ] Yes [ ] No
15. **Did staff answer call bells in a timely & courteous manner?** [ ] Yes [ ] No
16. **If no, did you share this with the administrative staff?** [ ] Yes [ ] No

### Resident Services

17. **Are residents asked their preferences or opinions about the activities planned for them at the facility?** [ ] Yes [ ] No
18. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** [ ] Yes [ ] No
19. **Can residents access their monthly needs funds at their convenience?** [ ] Yes [ ] No
20. **Are residents asked their preferences about meal & snack choices?** [ ] Yes [ ] No
21. **Are they given a choice about where they prefer to dine?** [ ] Yes [ ] No
22. **Do residents have privacy in making and receiving phone calls?** [ ] Yes [ ] No
23. **Is there evidence of community involvement from other civic, volunteer or religious groups?** [ ] Yes [ ] No
24. **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

- Resident observed with very tight elastic socks that were digging into his leg
- Resident complimented food, specifically breakfasts
- No major issues raised

### 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.