# Community Advisory Committee Quarterly/Annual Visitation Report

## Facility Information
- **County:** Buncombe
- **Facility Type:** Family Care Home
- **Facility Name:** Stonecreek Health and Rehab Center
- **Visit Date:** 05/09/2018
- **Time Spent in Facility:** 1 hr 15 min
- **Interview was held:** In-Person
- **Supervisor in Charge:**

## Committee Members Present:
- L. Burrell, R. DuBrul

## Ombudsman Contact Information
- **Report Completed by:** Bob DuBrul
- **Number of Residents who received personal visits from committee members:** 22
- **Staffing Information is posted:** Yes
- **Resident Rights Information is clearly visible:** Yes
- **The most recent survey was readily accessible:** Yes
- **Participating in the care by staff members:** Yes
- **Communicating or making their needs known verbally:** Yes
- **Observing restraints:** Yes

### Resident Profile
- **1.** Do the residents appear neat, clean and odor free? Yes
- **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
- **3.** Did you see or hear residents being encouraged to participate in their care by staff members? Yes
- **4.** Were residents interacting with staff, other residents & visitors? Yes
- **5.** Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
- **6.** Did you observe restraints in use? Yes
- **7.** If so, did you ask staff about the facility's restraint policies? Yes

### Comments & Other Observations
- CNA named Nikea singled out for her good resident care.
- Call bells were all in place.
- One resident stated she has been unable to get to see a doctor for two weeks—no getting help. Holly who is Social Worker will follow-up.

## Resident Living Accommodations
- **8.** Did residents describe their living environment as homelike? Yes
- **9.** Did you notice unpleasant odors in commonly used areas? Yes
- **10.** Did you see items that could cause harm or be hazardous? Yes
- **11.** Did residents feel their living areas were too noisy? Yes
- **12.** Does the facility accommodate smokers? Yes
- **12a.** Where? Outside only
- **13.** Were residents able to reach their call bells with ease? Yes
- **14.** Did staff answer call bells in a timely & courteous manner? Yes
- **14a.** If no, did you share this with the administrative staff? Yes

### Comments & Other Observations

## Resident Services
- **15.** Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
- **16.** Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes
- **16a.** Can residents access their monthly needs funds at their convenience? Yes
- **17.** Are residents asked their preferences about meal & snack choices? Yes
- **17a.** Are they given a choice about where they prefer to dine? Yes
- **18.** Do residents have privacy in making and receiving phone calls? Yes
- **19.** Is there evidence of community involvement from other civic, volunteer or religious groups? Yes
- **20.** Does the facility have a Resident's Council? Yes

### Comments & Other Observations

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**Areas of Concern**

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

**Exit Summary**

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

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