# Community Advisory Committee Quarterly/Annual Visitation Report

**County**: Buncombe  
**Facility Type**: ☑ Family Care Home  
**Facility Name**: Trinity View  
**Visit Date**: 5-29-18  
**Time Spent in Facility**: hr 20 min  
**Arrival Time**: 3:25 pm  
**Name of Person Exit Interview was held with**: Jed Nathanson, Dir of  
**Interview was held**: In-Person ☑ Phone ☐ Admn. ☐  
**Other Staff Rep. and Gina Harmon (Name & Title)**: Special Projects  
**Committee Members Present**: Bennett Hincoff, Peggy Franc  
**Number of Residents who received personal visits from committee members**: 3 (see below)  
**Report Completed by**: Peggy Franc  
**Resident Rights Information is clearly visible**: ☑ Yes ☐ No  
**The most recent survey was readily accessible**: ☑ Yes ☐ No  
**Ombudsman contact information is correct and clearly posted**: ☑ Yes ☐ No  
**(Required for Nursing Homes Only)**  
**Staffing information is posted**: ☑ Yes ☐ No

## 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, e.g., 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 other residents & visitors? ☑ Yes ☐ No  
5. Did staff respond 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  
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  
      Family 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? We also interacted with 5 add'l residents playing bingo downstairs with independent living residents.

## Exit Summary

Discuss items from “Areas of Concern” Section as well as any other 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.

DIHS DOA-022/2004