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

**County:** Transylvania  
**Facility Name:** Acorius Health

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
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<tr>
<td>11-2-19-15</td>
<td>2 hr 20 min</td>
<td>13:10</td>
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**Name of Person Exit Interview was held with:** James  
**Other Staff Rep:** James  
**Committee Members Present:** Heather Stewart, Donna Raspa  
**Number of Residents who received personal visits from committee members:** 25  
**Number of Residents whose rights were clearly visible:** Yes No  
**The most recent survey was readily accessible:** Yes No  
**Staffing information is posted:** Yes No  
**Ombudsman contact information is correct and clearly 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, like 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 home like? 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. Did staff answer call bells in a timely & courteous manner? Yes No
15. 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
17. Can residents access their monthly needs funds at their convenience? Yes No
18. Are residents asked their preferences about meal & snack choices? Yes No
19. Are they given a choice about where they prefer to dine? Yes No
20. Do residents have privacy in making & receiving phone calls? Yes No
21. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
22. Does the facility have a Resident's Council? Yes No
23. 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?** "Continue to monitor call lights"

**Comments & Other Observations**

In general, residents were neat & odor free but some greasy hair & food or clothing was observed. One resident said he receives more showers in the summer than winter. Another resident said she only gets help cleaning her dentures if she asks.

**Comments & Other Observations**

No odors noted. One resident said this facility feels nothing like home. A few residents stated that call bells were not answered in a timely manner. One resident said up to 30 minutes. Another was not put to bed after he used call light & we asked staff for help.

**Comments & Other Observations**

One resident said the religious activities/church service was her favorite. One resident said he was not offered snacks between meals & that the portion size was not large enough.

**Exit Summary**

Discuss items from “Areas of Concern” Section as well as any changes observed during the visit. The overall scent was pleasant & no odors were noted.

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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.

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