## Community Advisory Committee Quarterly/Annual Visitation Report

### County
- **Buncombe**

### Facility Type:
- [ ] Family Care Home
- [ ] Adult Care Home
- [ ] Nursing Home
- [ ] Combination Home

### Facility Name
- Asheville Health Care Center

### Visit date
- **10.31.2018**

### Time Spent in Facility
- **1 Hr. 15 Min**

### Arrival Time
- **11 Am**

### Name of person Exit Interview was held with (Name & Title)
- Holly Self, Admin

### Interview was held
- [ ] In-Person
- [ ] Phone
- [ ] Admin
- [ ] SIC (Supervisor in Charge)
- [ ] Other Staff Rep

### Committee Members Present:
- [ ] Caryl Richardson
- [ ] John Bernhardt
- [ ] Diane Durfee
- [ ] Caryl Richardson

### Report completed by:
- Caryl Richardson

### Number of Residents who received personal visits from committee members:
- **15**

### 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

### 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, 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 w/ 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

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This document is a **PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.**

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<table>
<thead>
<tr>
<th>Resident Living Accommodations</th>
<th>Comments and Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>10. Did you see items that could cause harm or be hazardous? □ Yes □ No</td>
<td></td>
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<tr>
<td>11. Did residents feel their living areas were too noisy? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>12. Does the facility accommodate smokers? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>12a. Where? □ Outside only □ Inside only □ Both Inside &amp; Outside.</td>
<td></td>
</tr>
<tr>
<td>13. Were residents able to reach their call bells with ease? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>14. Did staff answer call bells in a timely &amp; courteous manner? □ Yes □ No</td>
<td></td>
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<tr>
<td>14a. If no, did you share this with the administrative staff? □ Yes □ No</td>
<td></td>
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</tbody>
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<th>Residential Services</th>
<th>Comments and Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? □ Yes □ No</td>
<td></td>
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<tr>
<td>16a. Can residents access their monthly needs funds at their convenience? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls? □ Yes □ No</td>
<td></td>
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<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>20. Does the facility have a Resident's Council? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Family Council? □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

Visit was in am - some res getting up - mower/lift and BP equip in hallway, but on one side - not both sides

Supervised and unsupervised

Residents provide list of items and money to purchase items (limited toes) to activity director, who will go shopping

Trick or Treaters comes tonight; several bags of candy purchased by staff to give to res for handing out to children

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