Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type:</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buncombe</td>
<td>□ Family Care Home</td>
<td>Autumn View 235</td>
</tr>
<tr>
<td></td>
<td>□ Adult Care Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Nursing Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Combination Home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/8/2018</td>
<td>35 Min</td>
<td>11:00 PM</td>
</tr>
</tbody>
</table>

Name of person Exit Interview was held with Kim Penland, SIC 
Interview was held □ In-Person □ Phone □ Admin □ SIC (Supervisor in Charge) □ Other Staff Rep

Committee Members Present:
Bennett Lincoff and John Bernhardt

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. □ Yes □ No

The most recent survey was readily accessible. □ Yes □ No

(Required for Nursing Homes Only)

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

Comments and Other Observations

One alert resident was outside picking up fallen leaves, by his choice as he likes to stay active. One was in bed reading, her favorite activity. One was watching TV. All spoke very highly of the care, the staff, the food. All said they were so glad to be there. This was enthusiastic and well thought out. The SIC in turn seemed to care for her residents and making this feel like home. The administrator was praised, by first name, by the residents for quickly responding to any problems or requests. She arranged for specialist care for medical problems that other facilities had ignored.
### Resident Living Accommodations

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

### Residential Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   - Yes ☒ Yes ☐ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
   - Yes ☒ Yes ☐ No
16a. Can residents access their monthly needs funds at their convenience?  
   - Yes ☒ Yes ☐ No
17. Are residents asked their preferences about meal & snack choices?  
   - Yes ☒ Yes ☐ No
17a. Are they given a choice about where they prefer to dine?  
   - Yes ☒ Yes ☐ No
18. Do residents have privacy in making and receiving phone calls?  
   - Yes ☒ Yes ☐ No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
   - Yes ☒ Yes ☐ No
20. Does the facility have a Resident's Council?  
    - Yes ☒ Yes ☐ No
    - Family Council?  
    - Yes ☒ Yes ☐ No

---

Everything was clean. The old worn building of the previous facility has been remodeled, with paint and new flooring, so the interior looks as if it were new. A van takes residents to medical appointments as well as trips to the store.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>