# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe

<table>
<thead>
<tr>
<th>Facility Type:</th>
<th>Family Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Care Home</td>
<td>Combination Home</td>
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<tr>
<td>Nursing Home</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Name:** 60 Hetz Circle, Asheville

**Sit Date:** 09/07/2018

**Time Spent in Facility:** 3 hr 30 min

**Name of Person Exit Interview was held with:** Maxine Thompson

**Phone:**

**Site:** Check Box: Admin.  SIC (Supervisor In Charge):

**Committee Members Present:**

**Number of Residents who received personal visits from committee members:** 4 (four)

**Resident Rights Information is clearly visible:**

**Ombudsman contact information is correct and clearly posted:** Yes

**Most recent survey was readily accessible:**

**Staffing information is posted:** Yes

## Resident Profile

- **Do the residents appear neat, clean and odor free?** Yes
- **Did residents say they receive assistance with personal care activities, Ex: brushing their teeth, combing their hair, inserting natures or cleaning their eyeglasses?** Yes
- **Did you see or hear residents being encouraged to participate in their care by staff members?** Yes
- **Were residents interacting with staff, other residents & visitors?** Yes
- **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?** Yes
- **Did you observe restraints in use?** Yes
- **Did you ask staff about the facility's restraint policies?** Yes

## Resident Living Accommodations

- **Did residents describe their living environment as homelike?** Yes
- **Did you notice unpleasant odors in commonly used areas?** Yes
- **Did residents feel their living areas were too noisy?** Yes
- **Does the facility accommodate smokers?** Yes
  
  **a. Where?** Outside only
  
  **b. Were residents able to reach their call bells with ease?** Yes
  
  **c. Did staff answer call bells in a timely & courteous manner?** Yes

## Resident Services

- **Were residents asked their preferences or opinions about activities planned for them at the facility?** Yes
- **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** Yes
  
  **a. Can residents access their monthly needs funds at their convenience?** Yes

- **Are residents asked their preferences about meal & snack times?** Yes
  
  **i. Are they given a choice about where they prefer to dine?** Yes
  
  **ii. Do residents have privacy in making and receiving phone calls?** Yes

- **Is there evidence of community involvement from other civic, inter or religious groups?** Yes

- **Does the Facility have a Resident's Council?** Yes
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
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<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? A resident expressed difficulty obtaining her personal effects from previous residence. Referral made to Ombudsman.</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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</table>