Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
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<tbody>
<tr>
<td>Buncombe</td>
<td>Family Care Home</td>
<td>Northridge # 4</td>
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<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
<th>Interview was held</th>
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<tbody>
<tr>
<td>8/29/18</td>
<td>20 min</td>
<td>12:25</td>
<td>In-Person</td>
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Name of Person Exit Interview was held with: Tommy Tate

Phone: Admin. / SIC (Supervisor In Charge): Other staff

Committee Members Present:
Sharon White, Kim Mallis, Martha Safian

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

Resident Rights Information is clearly visible: Yes

Report Completed by: Martha Safian

Ombudsman contact information is correct and clearly posted: Yes

The most recent survey was readily accessible: No

Required for Nursing Homes Only:

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 dentures 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

Comments & Other Observations

- The residents said they were well taken care of.

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes
- Did you notice unpleasant odors in commonly used areas? Yes
- Did you see items that could cause harm or be hazardous? Yes
- Did residents feel their living areas were too noisy? Yes
- Does the facility accommodate smokers? No
- a. Where? Both Inside and Outside. (Not Observed)
- Were residents able to reach their call bells with ease? Yes
- Did staff answer call bells in a timely & courteous manner? Yes
- a. If no, did you share this with the administrative staff? Yes

Comments & Other Observations

- The residents said they were comfortable in the home. Bathrooms were a little dirty.

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
- Do residents have the opportunity to purchase personal items their choice using their monthly needs funds? Yes
- Can residents access their monthly needs funds at their convenience? Yes
- Are residents asked their preferences about meal & snack choices? Yes
- a. Are they given a choice about where they prefer to dine? Yes
- Do residents have privacy in making and receiving phone calls? Yes
- Is there evidence of community involvement from other civic, social or religious groups? Yes
- Does the Facility have a Resident’s Council? Yes

Comments & Other Observations

- Residents could bring personal items when once a month. They were taken to the store monthly.

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HHS DOA-022/2004
There are resident issues or topics that need follow-up or review at a later time or during the next visit.

6 Residents
4 Males
2 Females
 Ages 40-92

Discuss items from "Areas of Concern" section as well as any changes observed during the visit.

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