### Community Advisory Committee Quarterly/Annual Visitation Report

**County**: Buncombe  
**Facility Type**: Family Care Home, Adult Care Home, Nursing Home, Combination Home  
**Facility Name**: Rendwood  
**Date**: 4/18  
**Time Spent in Facility**: 20 hrs  
**Arrival Time**: 12:45 PM  
**Interviewer**: Justin  
**Name of Person Exit Interview was held with**:  
**Other Staff Rep**:  
**Committee Members Present**:  
**Number of Residents who received personal visits from committee members**: 2  
**Resident Rights Information is clearly visible**: Yes  
**The most recent survey was readily accessible**: Yes  
**Staffing Information is posted**: Yes  
**Ombudsman contact information is correct and clearly posted**: Yes  

### Resident Profile

1. **Do the residents appear neat, clean and odor free?** Yes  
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  
3. **Did you see or hear residents being encouraged to participate in their care by staff members?** Yes  
4. **Were residents interacting w/ staff, other residents & visitors?** Yes  
5. **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?** Yes  
6. **Did you observe restraints in use?** No  
7. **If so, did you ask staff about the facility’s restraint policies?** Yes  

### Resident Living Accommodations

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

### Resident Services

16. **Were resident asked their preferences or opinions about the activities planned for them at the facility?** Yes  
17. **Do residents have the opportunity to purchase personal items of their own using their monthly needs funds?** Yes  
18. **Can residents access their monthly needs funds at their convenience?** Yes  
19. **Are residents asked their preferences about meal & snack choices?** Yes  
20. **Are they given a choice about where they prefer to dine?** Yes  
21. **Do residents have privacy in making and receiving phone calls?** Yes  
22. **Is there evidence of community involvement from other civic, volunteer or religious groups?** Yes  
23. **Does the facility have a Resident's Council?** Yes  
24. **Family Council?** Yes  

### Areas of Concern

- **Are there resident issues or topics that need follow-up or review at a later time or during the next visit?** When we arrived the SIC was not present. Our goal went next door for him after resident told us he was there. He came right over.  
- **Laundry rm door was open and bleach & other products were found.**  

### Exit Summary

**Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.**

*Julia Gibbons, notified of 2 items listed.*

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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.