### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Nursing Home  
**Facility Name:** Alveta Bolick Home

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/17</td>
<td>hr 20 min</td>
<td>10:40 am</td>
</tr>
</tbody>
</table>

**Person Exit Interview was held with:**  
Interview was held: **In-Person**  
Stephany Effler, Administrator  
Adm: **X**

**Committee Members Present:** Brad Alexander, John Bernhardt, Susan Stuart  
Report Completed by: John Bernhardt

**Number of Residents who received personal visits from committee members:** 0

**Resident Rights Information is clearly visible:** **X** Yes **No**

**The most recent survey was readily accessible. (Required for Nursing Homes Only):**  
- Yes  
- No

**Ombudsman contact information is correct and clearly posted:** **X** 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 & Other Observations

No residents were present since they go out all day every day to supervised programs. There are 6 male residents, ages 25-70. Admission is specifically for Intellectually Developmentally Disadvantaged persons who are able to participate in supportive programs. An experienced Medicaid nurse reviewing records at the time of the visit said the residents were clean, well cared for, in excellent condition. Later on a friendly visit to deliver volunteer contact information met two residents who were clean, seemed to feel quite at home, went to the refrigerator in the kitchen to make themselves a snack.

### Resident Living Accommodations Observations

8. Did residents describe their living environment as homelike?  
   - Yes  
   - No

9. Did you notice unpleasant odors in commonly used areas?  
   - Yes  
   - No
10. Did you see items that could cause harm or be hazardous?  
   Yes | No  
   |  
11. Did residents feel their living areas were too noisy?  
   Yes | No  
   |  
12. Does the facility accommodate smokers?  
   Yes | No  
   |  
12a. Where?  
   [ ] Outside only  
   [ ] Inside only  
   [ ] Both Inside and Outside.  
   Yes | No  
   |  
13. Were residents able to reach their call bells with ease?  
   Yes | No  
   |  
14. Did staff answer call bells in a timely & courteous manner?  
   Yes | No  
   |  
14a. If no, did you share this with the administrative staff?  
   Yes | No  
   |  
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   Yes | No  
   |  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
   Yes | No  
   |  
16a. Can residents access their monthly needs funds at their convenience?  
   Yes | No  
   |  
17. Are residents asked their preferences about meal & snack choices?  
   Yes | No  
   |  
17a. Are they given a choice about where they prefer to dine?  
   Yes | No  
   |  
18. Do residents have privacy in making and receiving phone calls?  
   Yes | No  
   |  
19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
   Yes | No  
   |  
20. Does the Facility have a Resident’s Council?  
   Yes | No  
   |  

<table>
<thead>
<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As part of the Baptist Childrens Home there is much financial support, contributions and organizational assistance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>

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.