**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Buncombe  
**Facility Type:** Family Care Home  
**Facility:** Angel House  
**Visit Date:** 5-11-12  
**Interview Time:** 11:30 AM  
**Time Spent in Facility:** 2 hr 30 min  
**Assisted w/ Exit Interview:** Yes  
**Name & Title:** James Beley  
**Ombudsman Contact Information:** Correct and Clearly Posted: Yes  
**Staff Information:** Posted: Yes  
**Report Completed by:** LATTA ADAM

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### 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 with staff, other residents & visitors? Yes No
5. Did staff respond or interact with residents who had difficulty communicating or making 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

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### Comments & Other Observations

Most of residents were not available to talk to a few out or asleep.

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### Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No
9. Did you notice unpleasant odors in common 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
13. Where? Outside only, Inside only, Both Inside & Outside.
14. Were residents able to reach their call bells with ease? Yes No
15. Did staff answer call bells in a timely & courteous manner? Yes No
16. If no, did you share this with the administrative staff? Yes No

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### Comments & Other Observations

- Floors clean except some mold in bathroom
- Cleaned

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### Resident Services

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

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### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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### Exit Summary

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

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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.

DHHS DOA-022/2004