Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: Adult Care Home
Family Care Home: X
Nursing Home
Combination Home

Visit Date: 6/11/17
Time Spent in Facility: hr 15 min
Arrival Time: 11:15 am

Name of Person Exit Interview was held with:
Rep: Wied
Committee Members Present: ADAMI/ CTHZ
Report Completed by: ADAMI/ CZTH

Number of Residents who received personal visits from committee members: ONE
Resident Rights Information is clearly visible: V/Yes □ No
Ombudsman contact information is correct and clearly posted: V/Yes □ No
The most recent survey was readily accessible: □ Yes □ No
(Required for Nursing Homes Only) N/A
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
very few residents
at home. This is the
one mixed home, having
male & female residents

Resident Living Accommodations
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? N/A □ 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

Comments & Other Observations
Homes clean, fairly well maintained. Beds all
made. Bathrooms all
had T.P. soap and
paper towel.

Resident Services
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

Comments & Other Observations
Homes share an activity
director who puts together
an activity calendar
used by each home,
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.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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<tr>
<td>No issues for recheck</td>
<td>Talked about activity not taking place as scheduled.</td>
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