## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Visit Date:** 5/11/17  
**Time Spent in Facility:** hr 30 min

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facility Name: Angel House G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Care Home</td>
<td></td>
</tr>
<tr>
<td>Family Care Home</td>
<td>X</td>
</tr>
<tr>
<td>Combination Home</td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td></td>
</tr>
</tbody>
</table>

**Arrival Time:** 11:35 am

**Person Exit Interview was held with:** Sonja Oliver  
**Interview was held:** In-Person or Phone (Circle)

**SIC (Supervisor in Charge):** X  
**Other Staff: (Name & Title):**

**Committee Members Present:** Wagenknecht; Latta; Adami

**Report Completed by:** Laura Wagenknecht

**Number of Residents who received personal visits from committee members:** 4

**Resident Rights Information is clearly visible:** X Y N  
**Ombudsman contact information is correct and clearly posted:** X Yes No

**The most recent survey was readily accessible.** (Required for Nursing Homes Only)  
**Staffing information is posted.** Did not look.

### Resident Profile

1. **Do the residents appear neat, clean and odor free?**  
   - **Yes:** X  
   - **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:** X  
   - **No:**

3. **Did you see or hear residents being encouraged to participate in their care by staff members?**  
   - **Yes:** X  
   - **No:**

4. **Were residents interacting w/ staff, other residents & visitors?**  
   - **Yes:** X  
   - **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:** X  
   - **No:**

7. **If so, did you ask staff about the facility's restraint policies?**  
   - **Yes:**  
   - **No:**

### Comments & Other Observations

One resident complained of not taking a shower for 3-5 weeks. Residents overall looked disheveled.
### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  
   - Yes: X  
   - 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?  
    Where?  
    - [X] Outside  
    - [ ] Inside only  
    - [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?  
    - Not Applicable

14. Did staff answer call bells in a timely & courteous manner?  
    - Not Applicable

   If no, did you share this with the administrative staff?  
   - Yes: 
   - No: 

### Comments & Other Observations

- Some rooms were messier than others. Beds were made.
- One bathroom was home like, while another had a clean toilet paper roll laying in the trashcan.

### 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: 

   Can residents access their monthly needs funds at their convenience?  
   - Yes: 
   - No: 

17. Are residents asked their preferences about meal & snack choices?  
    - Are they given a choice about where they prefer to dine?  
    - Yes: ×  
    - 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

- Today's activity of baking from 10 a.m. - 12 p.m. did not take place, but the SIC said the residents would do it in the afternoon.
- Other than doctor's appointments, residents stated that there are no outside trips.
- This is unknown - no clarity when residents asked

- Unknown
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as</td>
</tr>
<tr>
<td>that need follow-up or review at a</td>
<td>well as any changes observed during the visit.</td>
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<tr>
<td>later time or during the next visit?</td>
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<tr>
<td>Please check that activities are</td>
<td></td>
</tr>
<tr>
<td>taking place each day.</td>
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</tbody>
</table>

This Document is a PUBLIC RECORD. **Do not** identify any Resident(s) by name or inference on this form.