Community Advisory Committee Quarterly/Annual Visitation Report

<table>
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<tr>
<th>County: Buncombe</th>
<th>Facility Type:</th>
<th>Facility Name: Arbor Terrace</th>
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<tbody>
<tr>
<td>Visit Date 5/31/17</td>
<td>X Adult Care Home</td>
<td>Family Care Home</td>
</tr>
<tr>
<td>Time Spent in Facility</td>
<td>45 min</td>
<td>Arrival Time 10 20</td>
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<tr>
<td>Person Exit Interview was held with: Susan Fairbairn and Gina Creegan</td>
<td>Interview was held</td>
<td>In-Person or Phone (Circle) in person</td>
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<tr>
<th>SIC (Supervisor in Charge)</th>
<th>Other Staff: (Name &amp; Title)</th>
<th>Report Completed by: Peggy Franc</th>
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<tr>
<td>Committee Members Present: Annie Butzner and Peggy Franc</td>
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Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. Ombudsman contact information is correct and clearly posted.

The most recent survey was readily accessible. (Required for Nursing Homes Only) Staffing information is posted.

Resident Profile

1. Do the residents appear neat, clean and odor free? [X] 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? [X] Yes [ ] No

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

4. Were residents interacting w/ staff, other residents & visitors? [X] Yes [ ] No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [X] 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

Resident Living Accommodations Observations

8. Did residents describe their living environment as homelike? [X] Yes [ ] No
9. Did you notice unpleasant odors in commonly used areas?

10. Did you see items that could cause harm or be hazardous?

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

16a. Can residents access their monthly needs funds at their convenience?

17. Are residents asked their preferences about meal & snack choices?

17a. Are they given a choice about where they prefer to dine?

18. Do residents have privacy in making and receiving phone calls?

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

20. Does the Facility have a Resident’s Council?

Discussion:

One resident room in the Memory Care unit had an odor of urine. This was not present in the common areas. When mentioned to Gina Creegan she said ChemDry was coming that day and she would make sure they got to that room.