## Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County:</th>
<th>Facility Type:</th>
<th>Facility Name:</th>
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</thead>
<tbody>
<tr>
<td>Buncombe</td>
<td>Adult Care Home, Combination Home, Nursing Home</td>
<td>Asheville Health Care Center</td>
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### Visit Details
- **Visit Date:** 8/10/17
- **Time Spent in Facility:** 40 min
- **Arrival Time:** 11:15 X am
- **Person Exit Interview was held with:** Jennifer Allen, Administrator
  - **SIC (Supervisor in Charge):** Adm
  - **Other Staff: (Name & Title):**
- **Committee Members Present:** John Bernhardt, Diane Duermint
- **Report Completed by:** John Bernhardt

### Resident Rights
- **Number of Residents who received personal visits from committee members:** 3
- **Resident Rights Information is clearly visible:** Yes
- **The most recent survey was readily accessible. (Required for Nursing Homes Only):** Yes
- **Ombudsman contact information is correct and clearly posted:** Yes
- **Staffing information is posted:** Yes

### Resident Profile
1. Do the residents appear neat, clean and odor free? Yes
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
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes
4. Were residents interacting w/ staff, other residents & visitors? Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? No
6. Did you observe restraints in use? Yes
7. If so, did you ask staff about the facility's restraint policies? Yes
8. Did residents describe their living environment as homelike? Yes
9. Did you notice unpleasant odors in commonly used areas? Yes

### Comments & Other Observations
- Most residents were already in the dining room with soup and liquids but it was half an hour before the meal would be served. This got them out of their rooms and potentially mixing together, though all were silent and unmoving.
- One resident was actively walking, full of conversation, pushed people in wheelchairs. Another in her room until lunch began had much perceptive conversation. Both were happy with the care and attention. The therapy unit is always praised.

### Resident Living Accommodations
- **Observations**
- **Comments & Other**
  - The management company has a firm policy of no smoking on the grounds, anywhere. This does not apply to staff who have a covered area outside to smoke. This policy...
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.

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

Can be a problem for residents who can't break their habit. One used to sit in his wheelchair on the edge of Highway 70 to have his smoke.

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.

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