## Community Advisory Committee Quarterly/Annual Visitation Report

### Facility Information
- **County:** Buncombe
- **Facility Type:** Choice: Adult Care Home, Family Care Home, Combination Home, Nursing Home
- **Facility Name:** Asheville Health Care Center

### Visit Details
- **Visit Date:** 5/4/17
- **Time Spent in Facility:** 50 min
- **Arrival Time:** 2:40 am

### Personnel
- **Person Exit Interview was held with:** Jennifer Allen, Administrator
- **Adm:** Yes
- **SIC (Supervisor in Charge):** Yes
- **Other Staff:** John Bernhardt, Diane Deurmit

### Committee Members Present:
- John Bernhardt, Diane Deurmit

### Report Completion
- **Report Completed by:** John Bernhardt

### Visitation Observations
- **Number of Residents who received personal visits from committee members:** 5
- **Resident Rights Information is clearly visible:** Yes
- **Ombudsman contact information is correct and clearly posted:** Yes
- **The most recent survey was readily accessible:** 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 with staff, other residents & visitors? Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
6. Did you observe restraints in use? No
7. If so, did you ask staff about the facility’s restraint policies? No

#### Resident Living Accommodations Observations
8. Did residents describe their living environment as homelike? Yes
9. Did you notice unpleasant odors in commonly used areas? Yes

#### Comments & Other Observations
- Residents we talked with were very communicative. One who must transfer from skilled nursing to assisted living did not want to leave. Another has been there 6 years and is happy being there. An aide coming up behind a wheelchair ruffled the resident’s hair; the resident said, “Get out of here” and both laughed in a good interaction between friends.
- The administrator had ordered a large screen for programs in the dining room but it was too large so will be used outdoors in good weather. She got...
another one that can be used in the dining room. She has bought virtual reality glasses and software to give residents an interesting break from the monotony. Obviously this will be used selectively with residents who can handle this strange world.

The management company has a policy that no smoking is allowed for residents though staff have a sheltered space out back. Last year a wheel chair resident was on the edge of Highway 70 so he could have his smoke. However this may be less an issue now.

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
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?

Resident Services

<table>
<thead>
<tr>
<th>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>Yes</td>
<td>No</td>
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<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes</td>
<td>No</td>
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<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>Yes</td>
<td>No</td>
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<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>Yes</td>
<td>No</td>
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<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. Does the Facility have a Resident’s Council?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

Comments & Other Observations

Overall, there seems to be a very good atmosphere, attention to residents’ needs and relation between residents and staff.

Areas of Concern

Exit Summary

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

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.