### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Transylvania  
**Facility Type:**  
- Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home  
**Facility Name:** Brian Center

**Visit Date:** 5/9/17  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 12:50 am

**Person Exit Interview was held with:** Donna Morgan - Kelley

**Interview was held:** In-Person or Phone (Circle in person)

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

**Committee Members Present:** Donna Raspal, Debbie Felker  
**Report Completed by:** Debbie Felker

<table>
<thead>
<tr>
<th>Number of Residents who received personal visits from committee members:</th>
<th>10+</th>
<th>15</th>
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**Resident Rights Information is clearly visible:**  
- Yes [x]  
- No [ ]

**The most recent survey was readily accessible. (Required for Nursing Homes Only):**  
- Yes [ ]  
- No [x]

**Ombudsman contact information is correct and clearly posted:**  
- Yes [x]  
- No [ ]

We need to update for them.

**Staffing information is posted:**
- Yes [ ]  
- No [x]

### 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 [ ]  
   - No [x]

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 [x]  
   - No [ ]

6. **Did you observe restraints in use?**  
   - Yes [ ]  
   - No [x]

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

**Comments & Other Observations:**

Did not observe.
### Resident Living Accommodations

8. Did residents describe their living environment as homelike?  
   - Yes [ ] No [X]

9. Did you notice unpleasant odors in commonly used areas?  
   - Yes [ ] No [X]

10. Did you see items that could cause harm or be hazardous?  
    - Yes [ ] No [X]

11. Did residents feel their living areas were too noisy?  
    - Yes [ ] No [X]

12. Does the facility accommodate smokers?  
    - Yes [ ] No [X]

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

13. Were residents able to reach their call bells with ease?  
    - Yes [X] No [ ]

14. Did staff answer call bells in a timely & courteous manner?  
    - Yes [X] No [ ]

14a. If no, did you share this with the administrative staff?  
    - Yes [X] No [ ]

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
    - Yes [ ] No [X]

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
    - Yes [X] No [ ]

16a. Can residents access their monthly needs funds at their convenience?  
    - Yes [X] No [ ]

17. Are residents asked their preferences about meal & snack choices?  
    - Yes [X] No [ ]

17a. Are they given a choice about where they prefer to dine?  
    - Yes [X] No [ ]

18. Do residents have privacy in making and receiving phone calls?  
    - Yes [X] No [ ]

19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
    - Yes [X] No [ ]

20. Does the Facility have a Resident's Council?  
    - Yes [X] No [ ]