## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- X Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  
**Facility Name:** Brookdale Overlook

**Visit Date:** 8/30/17  
**Time Spent in Facility:** hr 40 min  
**Interview was held:** In-Person or Phone (Circle) in person

**Person Exit Interview was held with:** Patrick J. Payne, Executive Director

<table>
<thead>
<tr>
<th>Committee Members Present:</th>
<th>Report Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennett Lincoff, Peggy Franc</td>
<td>Peggy Franc</td>
</tr>
</tbody>
</table>

**Number of Residents who received personal visits from committee members:** 5

**Resident Rights Information is clearly visible:**  
- x  
- Y  
- N

**Ombudsman contact information is correct and clearly posted:**  
- x  
- Yes  
- Nc

**The most recent survey was readily accessible. (Required for Nursing Homes Only):**  
- Y  
- N

**Staffing information is posted:**  
- x  
- Yes  
- Nc

### 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

8. Did residents describe their living environment as homelike?  
- x  
- Yes  
- No

9. Did you notice unpleasant odors in commonly used areas?  
- Yes  
- x  
- No

### Comments & Other Observations

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

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

12. Does the facility accommodate smokers?  
[ ] Outside only  [x] Inside only  [ ] Both Inside and Outside.

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

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**Resident Services**

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

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

The full-time Activities Director continues to improve the quality of life for residents with excellent programs both inside and outside the facility.

The new Executive Director seems to have a good grasp of the needs of the residents.

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**Exit Summary**

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