**Community Advisory Committee Quarterly/Annual Visitation Report**

<table>
<thead>
<tr>
<th>County: Buncombe</th>
<th>Facility Type:</th>
<th>Facility Name: Deaview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit Date: 2/15/17</td>
<td>Adult Care Home</td>
<td>X</td>
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<tr>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
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<tbody>
<tr>
<td>hr 30 min</td>
<td>9:30 X am pr</td>
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Person Exit Interview was held with: Jeffrey Wilson

<table>
<thead>
<tr>
<th>Interview was held (Circle)</th>
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<tbody>
<tr>
<td>X In-Person or Phone</td>
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**Committee Members Present:**
- John Bernhardt
- Susan Stuart
- Brad Alexander

**Report Completed by:**
- Brad Alexander

**Number of Residents who received personal visits from committee members:** 8

**Resident Rights Information is clearly visible.**

- Yes X
- No

**Ombudsman contact information is correct and clearly posted.**

- Yes X
- No

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

- Yes X
- No

**Staffing information is posted.**

- Yes X
- No

### Resident Profile

<table>
<thead>
<tr>
<th>Comments &amp; Other Observations</th>
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<tbody>
<tr>
<td>A prospective new resident was set to move in. He had already came for a visit with a family member and met the SIC. SIC stated that it is important to them that it is a good fit for new people moving in.</td>
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</table>
### Resident Living Accommodations

8. Did residents describe their living environment as homelike?
   - Yes X No
   - House was clean, well lit and made to feel like a home.

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

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?
    - Yes X No
    - Where? [X] Outside only [ ] Inside only [ ] Both inside and outside.
    - SIC tested call bell for proper functioning.

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
    - 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 X No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
    - Yes X No
    - A state-approved menu is used with substitutions as needed. Water, coffee, and fresh fruit is out and available at all times.

17. Are residents asked their preferences about meal & snack choices?
    - Yes X No
    - 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
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

N/A

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

SIC was recognized by the Community Advisory Committee for protecting resident rights and showing kindness and compassion to residents.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.