# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  
**Facility Name:** Leicester Heights Family Care

<table>
<thead>
<tr>
<th>Visitation Details</th>
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<tbody>
<tr>
<td><strong>Visit Date</strong></td>
<td>5/19/17</td>
</tr>
<tr>
<td><strong>Time Spent in Facility</strong></td>
<td>hr 15 min</td>
</tr>
<tr>
<td><strong>Arrival Time</strong></td>
<td>11:00 am</td>
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<tr>
<td><strong>Person Exit Interview</strong></td>
<td>In-Person</td>
</tr>
<tr>
<td><strong>Person Exit Interview was held with:</strong></td>
<td>Laura Parker</td>
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<tr>
<td><strong>Committee Members Present:</strong></td>
<td>Brad Alexander, John Bernhardt, Susan Stuart</td>
</tr>
<tr>
<td><strong>Number of Residents who received personal visits from committee members:</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Resident Rights Information is clearly visible:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Ombudsman contact information is correct and clearly posted:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>The most recent survey was readily accessible.</strong> (Required for Nursing Homes Only)</td>
<td>Yes</td>
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<tr>
<td><strong>Staffing information is posted.</strong></td>
<td>Yes</td>
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### Resident Profile

1. Do the residents appear neat, clean and odor free? **X** Yes 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*? Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? 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 Observations

8. Did residents describe their living environment as *home-like*? X Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes X No

### Comments & Other Observations

Several residents have lived there many years and seem to be settled there as their home.  
Building old but nice and nice property. Some bedrooms not straightend up for the day but the common areas were clean.
10. Did you see items that could cause harm or be 'hazardous'? Yes \(\times\) No

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

12. Does the facility accommodate smokers? \(\times\) Yes No

12a. Where? \(\times\) 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?

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? \(\times\) Yes No

16a. Can residents access their monthly needs funds at their convenience? \(\times\) 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 \(\times\) No

### Areas of Concern

**Exit Summary**

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

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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.