Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe

**Facility Type:**
- [ ] Adult Care Home
- [ ] Family Care Home
- [ ] Combination Home
- [ ] Nursing Home

**Facility Name:** MARJORIE McConne

**Visit Date:** 6-15-17  
**Time Spent in Facility:** 40 min  
**Arrival Time:** 5:15 pm

**Name of Person Exit Interview was held with:**  
**Interview was held:** In-Person

**Name:** CHRIS RICE  
**Title:** Admin.  
**SIC:** Supervisor in Charge

**Committee Members Present:** Latta + Adam

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

**Resident Rights Information is clearly visible.** [ ] Yes [ ] No  
**Ombudsman contact information is correct and clearly posted.** [ ] Yes [ ] No

**The most recent survey was readily accessible.** [ ] Yes [ ] No  
**Staffing information is posted.** [ ] Yes [ ] No

**Resident Profile**

1. Do the residents appear neat, clean and odor free? [ ] 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 [ ] 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? [ ] Yes [ ] No
9. Did you notice unpleasant odors in commonly used areas? [ ] Yes [ ] No
10. Did you see items that could cause harm or be hazardous? [ ] Yes [ ] No
11. Did residents feel their living areas were too noisy? [ ] Yes [ ] No
12. Does the facility accommodate smokers? [ ] Yes [ ] No
12a. Where? [ ] 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? [ ] Yes [ ] No
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? [ ] Yes [ ] No
16a. Can residents access their monthly needs funds at their convenience? [ ] 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 [ ] No

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Comments & Other Observations

- *Residents vary in age and physical ability. People we talked to are happy and like their food. Say they are well treated with respect.*
- *52 Residents - 64% capacity*
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
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<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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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.