### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:** NC State Veterans Nursing Home

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
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<tbody>
<tr>
<td>3/8/17</td>
<td>hr 50 min</td>
<td>2:25 am X pm</td>
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</tbody>
</table>

**Person Exit Interview was held with:** Crysta Bloomberg  
**Interview was held:** In-Person

<table>
<thead>
<tr>
<th>Committee Members Present:</th>
<th>Report Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Bernhardt, Diane Duermitt</td>
<td>John Bernhardt</td>
</tr>
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</table>

**Number of Residents who received personal visits from committee members:** 3

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>Yes</th>
<th>No</th>
<th>Ombudsman contact information is correct and clearly posted.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The most recent survey was readily accessible.</td>
<td>Yes</td>
<td>No</td>
<td>Staffing information is posted.</td>
<td>Yes</td>
<td>No</td>
</tr>
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### 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 | 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 | 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 | X | 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 | X

**Comments & Other Observations:**

Residents are all veterans, mostly males but also some females. All were clean and neat.

Rooms and gathering spaces are luxurious. As always, almost everyone was in his room. Only three were in the hallways. A resident in his room who has complained about activities...
did not raise the issue this time.. He does want visitors, companionship. However the locked dementia unit was busy as usual. That unit gets activity and interaction. The other units apparently did have some kind of car driving activity in the halls. They do have electronic pistols that could be used for playful competitions. Owen High School has a JROTC club. Warren Wilson College has musicians and a requirement that every student perform community service.

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 [ ] No

12. Does the facility accommodate smokers? [X] Yes [ ] No
12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

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

14. Did staff answer call bells in a timely & courteous manner? [X] Yes [ ] No
14a. If no, did you share this with the administrative staff? [ ] Yes [ ] No

Resident Services

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? [X] Yes [ ] 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? [X] Yes [ ] 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? [X] Yes [ ] No

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

20. Does the Facility have a Resident’s Council? [ ] Yes [ ] No

Areas of Concern

Exit Summary

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

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.