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

<table>
<thead>
<tr>
<th>County:</th>
<th>Facility Type:</th>
<th>Facility Name:</th>
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<tbody>
<tr>
<td>Buncombe</td>
<td>X Adult Care Home</td>
<td>Smith Street Village 30</td>
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<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
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<tr>
<td>4/21/17</td>
<td>hr 20 min</td>
<td>10:15 X am pm</td>
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Person Exit Interview was held with: Lillie Jackson, SIC

Adm SIC (Supervisor in Charge) X Other Staff: (Name & Title)

Committee Members Present: John Bernhardt, Susan Stuart

Report Completed by: John Bernhardt

Number of Residents who received personal visits from committee members: 2

Resident Rights Information is clearly visible. X Yes No

Ombudsman contact information is correct and clearly posted. X Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Yes No

Staffing information is posted. Yes No

### 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? 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? X Yes No
7. If so, did you ask staff about the facility’s restraint policies? Yes No

### Comments & Other Observations

6 residents, all male. Three were out for the day with regular activities. One who is usually busy in his room working on models had chosen yesterday to work on the yard with the landscaper. He was resting, tired and sore but happy with what he had done. Very happy being at the place.

### Resident Living Accommodations Observations

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

SIC is very good. Said she came here because she likes to take care of people and to cook. This seemed to be true. All was quite clean. The building probably old but had new
10. Did you see items that could cause harm or be hazardous?  
X Yes  
No
11. Did residents feel their living areas were too noisy?  
Yes  
No
12. Does the facility accommodate smokers?  
X Yes  
No
12a. Where? [X ] 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?  
X 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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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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<td></td>
<td>The required schedule of activities for the month was posted but they seemed to do their own thing. There is some social mixing between the four 6-bed homes.</td>
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**Areas of Concern**

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<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tr>
<td>Discuss items from “Areas of Concern” 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.

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