## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Name:** Smith St. Village 36

<table>
<thead>
<tr>
<th>Time Spent in Facility</th>
<th>30 hr</th>
<th>17 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrivial Time</td>
<td>10:45</td>
<td>am</td>
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</tbody>
</table>

**Visit Date:** 4/21/17  
**Interview was held:** In-person

**Name:** Heidi Turnquist, SIC  
**Title:** Check Box  
**Admn.**  
**SIC:** Supervisor in Charge  
**Other Staff**

**Committee Members Present:** John Bernhardt, Susan Stuart  
**Report Completed by:** Susan Stuart

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

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</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>
</tr>
</tbody>
</table>

**Staffing Information is posted.**

| Ombudsman contact information is correct and clearly posted. | Yes | X 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 clearing 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?  
   - X 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

8. Did residents describe their living environment as homelike?  
   - Yes | No |

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 | 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 |

### Comments & Other Observations

- Observed SIC caring for skin wound on elderly resident. She said there are 2 elderly residents and 4 younger residents. The one receiving care was the only one present.
- Resident appears to be receiving very caring attention, tailored to his needs.
- (3 female, 3 male residents)

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   - Yes | No |
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. Does the Facility have a Resident’s Council?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Areas of Concern**

- Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

**Exit Summary**

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