Community Advisory Committee Quarterly/Annual Visitation Report

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<tr>
<th>County: Buncombe</th>
<th>Facility Type:</th>
<th>Facility Name: Windwood Rest Home</th>
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<tr>
<td>Facility Type:</td>
<td>X Adult Care Home</td>
<td>Family Care Home, Combination Home, Nursing Home</td>
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<tr>
<td>Time Spent in Facility</td>
<td>hr 10 min</td>
<td>Arrival Time 2:10 am pm</td>
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<tr>
<td>Person Exit Interview was held with: Lisa Suttles, SIC</td>
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<tr>
<td>Interview was held In-Person X</td>
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<tr>
<th>Adm</th>
<th>SIC (Supervisor in Charge Lisa Suttles)</th>
<th>Other Staff: (Name &amp; Title)</th>
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Committee Members Present: John Bernhardt, Brad Alexander, Susan Stuart

Report Completed by: Susan Stuart

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

Resident Rights Information is X Yes No clearly visible.

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

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

Staffing information is posted. Y X Yes No

Resident Profile

Observations

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? Y X Yes No

3. Did you see or hear residents being encouraged to participate in their care by staff members? Y X Yes No

4. Were residents interacting w/ staff, other residents & visitors? X Yes No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Y X Yes No

6. Did you observe restraints in use? Y X Yes No
7. If so, did you ask staff about the facility's restraint policies?  

8. Did residents describe their living environment as homelike?  
9. Did you notice unpleasant odors in commonly used areas?  

10. Did you see items that could cause harm or be hazardous?  
11. Did residents feel their living areas were too noisy?  
12. Does the facility accommodate smokers?  
12a. Where?  [X] Outside only [ ] Inside only [ ] Both Inside and Outside.  

13. Were residents able to reach their call bells with ease?  
14. Did staff answer call bells in a timely & courteous manner?  
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?  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
16a. Can residents access their monthly needs funds at their convenience?  
17. Are residents asked their preferences about meal & snack choices?  
17a. Are they given a choice about where they prefer to dine?  
18. Do residents have privacy in making and receiving phone calls?  
19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
20. Does the Facility have a Resident's Council?
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<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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<td>As in the past, this Adult Care Home is very clean and neat. The residents we spoke with were generally satisfied, although one man is having difficulty getting usable reading glasses.</td>
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