## Community Advisory Committee Quarterly/Annual Visitation Report

### County: Hendersonville

### Facility Type: Adult Care Home

### Name of Person Exit Interview was held with:

### Time Spent in Facility: 1 hr 15 min

### Arrival Time: 9:00 AM

### Name & Title: [Signatures]

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

### 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, *e.g.*, 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 with 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

### Comments & Other Observations

- [Handwritten notes: "long hair on face, arm appeared dirty, personal items, etc."]

### 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 & 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

- [Handwritten notes: "bed sheets, etc."]

### 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? ☑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

### Comments & Other Observations

- [Handwritten notes: "announced the Manager’s..."]

### Areas of Concern

- [Handwritten notes: "discuss items from ‘Areas of Concern’ Section as well as any changes observed during the visit."]

### Exit Summary

- [Handwritten notes: "reviews"]

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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.