### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:** □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home  
**Facility Name:** Brookdale Overlook  
**Visit Date:** 7-10-18  
**Time Spent in Facility:** hr 25 min  
**Arrival Time:** 11:00 am  
**Name of Person Exit Interview was held with:** Ann Walls, ED  
**Interview was held:** □ In-Person  
□ Phone  
□ Admin.  
□ Other Staff Rep.  
**Name & Title:**  
**Committee Members Present:** Bennett Lincoln, Peggy Franz  
**Report Completed by:** Peggy Franz  
**Number of Residents who received personal visits from committee members:** 3  
**Staffing information is posted:** Yes □ No  
**Resident Rights Information is clearly visible:** Yes □ No  
**The most recent survey was readily accessible:** Yes □ No  
**(Required for Nursing Homes Only):**  
**Ombudsman contact information is correct and clearly 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, 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 □ 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? □ Yes □ No  
7. If so, did you ask staff about the facility’s restraint policies? □ Yes □ No  

#### Comments & Other Observations

#### 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  

#### 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

#### Areas of Concern

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

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Lunch and all residents applauded enthusiastically.

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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.