### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Visit Date:** 6-8-2018  
**Time Spent in Facility:** 10 min  
**Facility Name:** Riverside Village  
**Interview was held by:** Abby Edwards  
**Interview held by:** Person  
**Other Staff Rep:** (Name & Title)  
**Committee Members Present:**  
- A Damion Lewis  
**Number of Residents who received personal visits from committee members:** None  
**Staffing information is posted:** Yes  

#### 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 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

#### Resident Living Accommodations
8. Did residents describe their living environment as home like? 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  
13. Where is the facility located? Outside Only Yes No  
14. Were residents able to reach their call bells with ease? Yes No  
15. Did staff answer call bells in a timely & courteous manner? Yes No  
16. If no, did you share this with the administrative staff? Yes No

#### Resident Services
17. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No  
18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No  
19. Can residents access their monthly needs funds at their convenience? Yes No  
20. Are residents asked their preferences about meal & snack choices? Yes No  
21. Are they given a choice about where they prefer to dine? Yes No  
22. Do residents have privacy in making and receiving phone calls? Yes No  
23. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No  
24. Does the facility have a Resident's Council? Yes No  
25. Family Council? Yes No

#### 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.  
No areas of concern noted

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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.