| **Community Advisory Committee Quarterly/Annual Visitation Report** |
|------------------------|------------------------|------------------------|
| **County**             | Buncombe               | Stonecreek             |
| **Visit Date**         | 07/19/2018             |                        |
| **Time Spent in Facility** | 1 hr 20 min          | **Arrival Time**      | 11:00 2pm |
| **Name of Person Exit Interview was held with** | David Fardulis         |                      |
| **Other Staff Rep**    |                        | **SIC (Supervisor in Charge)** |
| **Committee Members Present** | G. Knevel, L. Burrell, R. DuBrul |      |
| **Number of Residents who received personal visits from committee members** | 15                     | **Report Completed by** | Bob DuBrul |
| **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. 
   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**

### 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**
13. Where? Outside only √, Inside only √, Both Inside & Outside √
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

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**
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**

### 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.

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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.