# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County: Buncombe</th>
<th>Facility Type:</th>
<th>Facility Name: Woodland Terrace #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Family Care Home</td>
<td>Combination Home</td>
</tr>
<tr>
<td>is # Date: 6/27/18</td>
<td>Time Spent in Facility: 15 min</td>
<td>Arrival Time: 12:15 pm</td>
</tr>
<tr>
<td>-</td>
<td>Phone: Admin</td>
<td>SIC (Supervisor in Charge): Other Staff</td>
</tr>
<tr>
<td>-</td>
<td>Name of Person Exit Interview was held with: Patrick Higgins (Name &amp; Title)</td>
<td>Report Completed by: Margie Safian</td>
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</tbody>
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- Number of Residents who received personal visits from committee members: 4
- Resident Rights Information is clearly visible: Yes
- Ombudsman contact information is correct and clearly posted: Yes
- Most recent survey was readily accessible: Yes
- Staffing information is posted: Yes

## Resident Profile

- Do the residents appear neat, clean and odor free? Yes
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes
- Were residents interacting with staff, other residents & visitors? Yes
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
- Did you observe restraints in use? Yes
- Did you ask staff about the facility’s restraint policies? Yes

## Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes
- Did you notice unpleasant odors in commonly used areas? Yes
- Did you see items that could cause harm or be hazardous? Yes
- Did residents feel their living areas were too noisy? Yes
- Does the facility accommodate smokers? Yes
- 2a. Where? Inside only | Inside only | Both Inside and Outside | N/A | N/A |
- 3. Were residents able to reach their call bells with ease? Yes
- 4. Did staff answer call bells in a timely & courteous manner? Yes
- 4a. If no, did you share this with the administrative staff? Yes

## Resident Services

- 5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
- 6. Do residents have the opportunity to purchase personal items if their choice using their monthly needs funds? Yes
- 6a. Can residents access their monthly needs funds at their convenience? Yes
- 7. Are residents asked their preferences about meal & snack choices? Yes
- 7a. Are they given a choice about where they prefer to dine? Yes
- 8. Do residents have privacy in making and receiving phone calls? Yes
- 9. Is there evidence of community involvement from other civic, religious or religious groups? Yes
- 10. Does the Facility have a Resident’s Council? Yes

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6 RESIDENTS
0 VACANCIES
ALL MIDDLE AGES 29-60

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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