Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: Family Care Home
Visit Date: 5-20-19
Time Spent In Facility: 1 hr 30 min
Amh/EtTime: 9:35
Anthem: Asheville

Name of Person Exit Interview held with:
Karen Kallenberger
Interview held with Person: Phone: Admin: OSIC (Person in Charge)
Other Staff: Erika Riddle, Don M. K. And Kimberly Bost, Dietician,
Committee Members Present: St. Vanee, Nancy Kaffen, Judy McIlroy, JMC

Number of Residents who received personal visits from committee members: 5+1

Resident Rights Information is clearly visible: Yes
The most recent survey was readily accessible: Yes
(Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted: Yes
Staffing information is posted: Yes

Comments & Other Observations:
- In time for ADL.
- Lap belt
- Family photos
- "Oh oh - they're getting 'em up & she'll start screaming.
- Resident down hall did scream
- Quarterly update

Resident Profile
1. Do the residents appear neat, clean and odor free? Yes
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
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes
4. Were residents interacting w/ staff, other residents & visitors? Yes
5. Did staff respond or interact with residents who had difficulty communicating or making their needs known verbally? Yes
6. Did you observe restraints in use? Yes
7. If so, did you ask staff about the facility's restraint policies? Yes

Resident Living Accommodations
8. Did residents describe their living environment as home like? Yes
9. Did you notice unpleasant odors in commonly used areas? Yes
10. Did you see items that could cause harm or be hazardous? Yes
11. Did residents feel their living areas were too noisy? Yes
12. Does the facility accommodate smokers? Yes
12a. Where? Outside only
13. Were residents able to reach their call bells with ease? Yes
14. Did staff answer call bells in a timely & courteous manner? Yes
14a. If no, did you share this with the administrative staff? Yes

Resident Services
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes
16a. Can resident access their monthly needs funds at their convenience? Yes
17. Are residents asked their preferences about meal & snack choices? Yes
17a. Are they given a choice about where they prefer to dine? Yes
18. Do residents have privacy in making and receiving phone calls? Yes
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes
20. Does the facility have a Resident's Council? Yes

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.

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.

DHHS DOA-022/2004
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<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>Dietary preference list. Cold coffee. Asked for bigger breakfast - got only egg-later on Pain Rx - inconsistent. Request to be dressed for PT. Make referral to Dentals. New Adm. took notes &amp; asked questions.</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit. Dietary will highlight preferences w/ bold letters &amp; yellow marker. Dr. Visits - Mon W&amp;F</td>
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**Kudos:**
- Happy Hour
- DR - Mopped & Cleaned
- Keyboard Sing-Along in DR
- Band plays every Fri. of Nursing Home Week.