# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** **Buncombe**

**Visit Date:** 3-8-19

**Time Spent in Facility:** 40 min

**Name of Person Exit Interview was held with:** Roberta Linus, ETE

**Facility Name:** Brookdale (42) 44 Residents

**Other Staff Present:** Sharon White

**Committee Members Present:**
- Jodi Holder
- Monica Jordan
- Sharon White

**Number of Residents who received personal visits from committee members:** 8

**Resident Rights Information is clearly visible:** Yes □ No □

**The most recent survey was readily accessible:** Yes □ No □

**Staffing Information is posted:** Yes □ No □

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## 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 □

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## 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. **Did staff answer call bells in a timely & courteous manner?**
    - Yes □ No □

15. **If no, did you share this with the administrative staff?**
    - Yes □ No □

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## Resident Services

16. **Were residents asked their preferences or opinions about the activities**
    - planned for them at the facility?
    - Yes □ No □

17. **Do residents have the opportunity to purchase personal items of their**
    - choice using their monthly needs funds?
    - Yes □ No □

18. **Can residents access their monthly needs funds at their convenience?**
    - Yes □ No □

19. **Are residents asked their preferences about meal & snack choices?**
    - Yes □ No □

20. **Are they given a choice about where they prefer to dine?**
    - Yes □ No □

21. **Do residents have privacy in making and receiving phone calls?**
    - Yes □ No □

22. **Is there evidence of community involvement from other civic, volunteer or**
    - religious groups?
    - Yes □ No □

23. **Does the facility have a Resident’s Council?**
    - Yes □ No □

**Family Council?**
- Yes □ No □

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## Areas of Concern

- Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Yes □ No □

- The staff / facility is wonderful. Friendly & positive. Sitting

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## 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.