**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Buncombe  
**Facility Type:** ☐ Family Care Home  
☐ Adult Care Home  
☐ Nursing Home  
☐ Combination Home  
**Facility Name:** Carolina Pines Health Care

**Visit Date:** 05/13/2019  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 9:30 AM

**Name of Person Exit Interview was held with:** Christi Oche  
☐ Other Staff Rep.  
☐ In-Person  
☐ Phone  
☐ Admin.  
☐ SJC (Supervisor in Charge)

**Committee Members Present:** L. Burrell, R. DuBrul  
**Report Completed by:** Bob DuBrul

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**Residents 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

**Number of Residents who received personal visits from committee members:** 11

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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

### Comments & Other Observations

- Good care from staff
- Food is changed in food distributors
- More fresh fruits and vegetables (salads)
- Meals are very light (e.g. one piece of sausage and 1 piece of french toast)
- An active call bell turned off with no action taken

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### Resident 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
12a. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? ☐ Yes ☐ No
14. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No

### Comments & Other Observations

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### 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
16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No
17. Are residents asked their preferences about meal & snack choices? ☐ 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

### Comments & Other Observations

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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?

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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.