Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: Family Care Home

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
<th>Person Exit Interview was held with: JoAnn Reese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/19</td>
<td>hr 20 min</td>
<td>10:25 am</td>
<td>In-Person or Phone (Circle) in person</td>
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</tbody>
</table>

Committee Members: Susan Stuart, Kim Mallicoat, Paula J. Garber
Report Completed by: P. Garber

Number of Residents who received personal visits from committee members: 10+
Resident Rights Information is clearly visible.
The most recent survey was readily accessible. (Required for Nursing Homes Only)

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<th>Ombudsman contact information is correct and clearly posted</th>
<th>Yes</th>
<th>No</th>
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<td>The most recent survey was readily accessible. (Required for Nursing Homes Only)</td>
<td>Yes</td>
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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]
8. Did residents describe their living environment as homelike?  [Yes] [No]

Comments & Other Observations

2 Male & 2 Female Residents

Common areas and kitchen very clean
9. Did you notice unpleasant odors in commonly used areas?  
   - Yes [x] No

10. Did you see items that could cause harm or be hazardous?  
   - Yes [x] No

11. Did residents feel their living areas were too noisy?  
   - Yes [x] No

12. Does the facility accommodate smokers?  
   12a. Where?  
   - [x] Outside only  
   - [ ] Inside only  
   - [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?  
   - Yes [x] No

14. Did staff answer call bells in a timely & courteous manner?  
   - Yes [x] No

14a. If no, did you share this with the administrative staff?  
   - Yes [x] No

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<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   - Yes [x] No|

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| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
   - Yes [x] No|

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| 16a. Can residents access their monthly needs funds at their convenience?  
   - Yes [x] No|

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| 17. Are residents asked their preferences about meal & snack choices?  
   - Yes [x] No|

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| 17a. Are they given a choice about where they prefer to dine?  
   - Yes [x] No|

18. Do residents have privacy in making and receiving phone calls?  
   - Yes [x] No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
   - Yes [x] No

20. Does the Facility have a Resident’s Council?  
   - Yes [x] No

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<th>Areas of Concern</th>
<th>Exit Summary</th>
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| Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
   - Yes [x] No|

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| Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.  
   - Yes [x] No|