## Community Advisory Committee Quarterly/Annual Visitation Report

### Facility Information
- **County**: Buncombe
- **Facility Type**: Family Care Home
- **Time Spent in Facility**: 1 hr 25 min
- **Arrival Time**: 11:10 AM
- **Name of Person Exit Interview was held with**: David Fardulis
- **Interview was held**: In-Person
- **Committee Members Present**: L. Burrell, R. DuBrul
- **Report Completed by**: Bob DuBrul

### 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 with staff, other residents & visitors? **Yes**
5. Did staff respond to 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 homelike? **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 residents 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.

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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.

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