Community Advisory Committee Quarterly/Annual Visitation Report County: Facility Type: Facility Name: Adult Care Home Family Care Home Buncombe Combination X Nursing Home Asheville Health Care Center Home Visit Date 1/29/18 Time Spent in 1 hr Arrival min 2 05 X am pm **Facility** Time Person Exit Interview was held with: Interview was X In-Person held Jennifer Allen, Administrator Adm SIC (Supervisor in Other Staff: (Name & Title) Charge Committee Members Present: John Bernhardt, Diane Duermit Report Completed by: John Bernhardt Number of Residents who received personal visits from committee members: 5 Resident Rights Information is clearly Ombudsman contact information is correct X Yes No No visible. and clearly posted. The most recent survey was readily Yes No Yes No accessible. (Required for Nursing Staffing information is posted. Homes Only) Resident Profile Comments & Other Observations 1. Do the residents appear neat, clean and odor Yes No Χ Most residents were in the dining room ready free? for bingo. There were interactions between 2. Did residents say they receive assistance with them suggesting they knew each other well. personal care activities, Ex. brushing their teeth. Yes No Several communicated very effectively. combing their hair, inserting dentures or cleaning their eyeglasses? Two were outside near the highway smoking. 3. Did you see or hear residents being No This is a partial improvement. The former encouraged to participate in their care by staff Yes management did not allow any smoking by members? residents (though OK for staff) so they went 4. Were residents interacting w/ staff, other X No Yes off-property to busy US70. Under the new residents & visitors? management residents do have a designated 5. Did staff respond to or interact with residents smoking area near where staff smoke. who had difficulty communicating or making their No Yes needs known verbally? 6. Did you observe restraints in use? Yes X No 7. If so, did you ask staff about the facility's Yes No restraint policies? Resident Living Accommodations Comments & Other Observations 3. Did residents describe their living environment Yes No as homelike? 3. Did you notice unpleasant odors in commonly Yes No used areas?

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10. Did you see items that could cause harm or		Yes	X	No	
be hazardous?		1,,			
11. Did residents feel their living areas were too		Yes		No	
noisy?		1			
12. Does the facility accommodate smokers?	X	Yes		No	
12a. Where? [X] Outside only [] Inside only	у [] Bo	oth		
Inside and Outside.	_	-			
13. Were residents able to reach their call bells	X	Yes		No	
with ease?					
14. Did staff answer call bells in a timely &	X	Yes		No	
courteous manner?					
14a. If no, did you share this with the		Yes		No	
administrative staff?					
Resident Services					Comments & Other Observations
15. Were residents asked their preferences or		1 Vaa		No	A new management team took over last fall
opinions about the activities planned for them at		Yes		No	but has not yet provided for a van to take
he facility?					residents on excursions. Several complained
Do residents have the opportunity to		1.			that they want to go out to shop. The good
purchase personal items of their choice using		Yes		No	administrator is working this out. In the
heir monthly needs funds?					meantme medical appointments are always
6a. Can residents access their monthly needs		1			met, by county transport services, and staff
unds at their convenience?	X	Yes		No	go out to buy items that residents want.
7. Are residents asked their preferences about		1 .			
neal & snack choices?		Yes		No	
7a. Are they given a choice about where they		Yes		No	
prefer to dine?					
8. Do residents have privacy in making and		1			
eceiving phone calls?	X	Yes		No	
9. Is there evidence of community involvement					
rom other civic, volunteer or religious groups?		Yes		No	
20. Does the Facility have a Resident's Council?		Yes		No	
		7			
Areas of Concern					Exit Summary
					Discuss items from "Areas of Concern"
					Section as well as any changes observed
					during the visit.
					to the contract the contract of the contract o

This Document is a **PUBLIC RECORD**. <u>Do not identify any Resident(s) by name or inference on this form.</u>
<u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.