

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

*R. J. C.*

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| County<br><b>Buncombe</b>   | Facility Type - <input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home<br><input type="checkbox"/> Combination Home | Facility Name<br><b>Aston Park</b>   |
| Visit Date <b>05/17/2018</b>  | Time Spent in Facility <b>1 hr 15 min</b>   | Arrival Time <b>11:00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm   |
| Name of Person Exit Interview was held with <b>Kristen McDonald, Exec. Asst</b><br><input checked="" type="checkbox"/> Other Staff Rep<br><i>(Name &amp; Title)</i>   |   | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)   |
| Committee Members Present:<br><b>G. Knoefel, L. Burrell, R. DuBrul</b>  |   | Report Completed by:<br><b>Bob DuBrul</b>  |
| Number of Residents who received personal visits from committee members: <b>14</b>  |   |  |
| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   | Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Required for Nursing Homes Only)</i>  |   | Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Resident Profile</b>   |   | <b>Comments &amp; Other Observations</b>   |
| 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>2. Did residents say they receive assistance with personal care activities,<br><i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |
| <b>Resident Living Accommodations</b>   |   | <b>Comments &amp; Other Observations</b>   |
| 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.<br>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   | One issue with call bell being answered and extinguished, but no action taken by CNA. Had to ring again.<br><br>Compliments praising CNAs Michaela and Murray for their care.<br><br>Reviewed use of grant money for Sensory Garden. Much activity to put it into place. |
| <b>Resident Services</b>  |   | <b>Comments &amp; Other Observations</b>   |
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | There was generally high praise for staff and care. Most residents had no problems.  |
| <b>Areas of Concern</b>   |   | <b>Exit Summary</b>  |
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit?   |   | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.  |

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