## Community Advisory Committee Quarterly/Annual Visitation Report

Adult Care Home   X   Family Care Home   Heart and Hearth	County:  buncombe		Faci	lity Type:	Facility N	lame			445 G.	HAN			11 1 1 1 1						
Visit Date 5/19/17   Time Spent in Facility   Facility				· · · · · · · · · · · · · · · · · · ·				amily	/ Care	Home									
Person Exit Interview was held with:  Steve Ruggles, SIC and owner  Adm  SIC (Supervisor in Charge  Committee Members Present: Brad Alexander, John Bernhardt, Susan Stuart  Number of Residents who received personal visits from committee members: 1  Resident Rights Information is clearly X Yes No Ombudsman contact information is correct X Yes No and clearly posted.  Resident Rights Information is clearly Yes No Ombudsman contact information is correct X Yes No and clearly posted.  Resident Profile  1. Do the residents appear neat, clean and odor X Yes No Staffing information is posted.  Resident Profile  2. d residents say they receive assistance with personal care activities, Ex. brushing their teetth, combing their hair, inserting dentures or cleaning their hair, inserting dentures or cleaning encouraged to participate in their care by staff members?  3. Did you see or hear residents being encouraged to participate in their care by staff members?  4. Were residents interacting w/ staff, other esidents & visitors?  5. Did staff respond to or interact with residents who had difficulty communicating or making their leeds known verbally?  6. Did you observe restraints in use?  7. If so, did you ask staff about the facility's estraint policies?  Resident Living Accommodations.  Observations  1. Did residents describe their living environment is home. Nicely furnished, everything clean and neat. The kitchen is open and freely neat. The kitchen is open and freely							N				Heart and Hearth								
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40 mg - 9 - 9 - 11 - 1	-	1,			rest of the living area. Two friendly dogs and
10. Did you see items that could cause harm or		Yes	X	No	a bird. A nice garden. Residents very happy
be hazardous?	-	1			living there.
1 Did residents feel their living areas were too		Yes	X	No	
noisy?	\			.,	
12. Does the facility accommodate smokers?	X	Yes	_	No	
12a. Where? [X ] Outside only [ ] Inside only	/[	] Bo	th		
Inside and Outside.	<del></del>	1.,	<del></del>	3 , .	
13. Were residents able to reach their call bells	X	Yes		No	
with ease?		1			
14. Did staff answer call bells in a timely &		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	Х	Yes		No	
opinions about the activities planned for them at				, , ,	
the facility?  16. Do residents have the apparturity to					
16. Do residents have the opportunity to	χ	Yes		No	
purchase personal items of their choice using	$ \hat{\ } $	00		140	
their monthly needs funds?		.			
16a. Can residents access their monthly needs for a sat their convenience?	Х	Yes		No	
		163	]	110	
17. Are residents asked their preferences about	Х	Yes		No	
meal & snack choices?	$\square$				
17a. Are they given a choice about where they	,	Yes		No	
prefer to dine?	لـــا	-		ļ	
18. Do residents have privacy in making and	X	Yes		No	
receiving phone calls?		162		NO	
19. Is there evidence of community involvement		v [			
from other civic, volunteer or religious groups?		Yes		No	
20. Does the Facility have a Resident's Council?		Yes		No	
Areas of Concern					Exit Summary
					Discuss items from "Areas of Concern"
					Section as well as any changes observed
					during the visit.
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s Document is a <b>PUBLIC RECORD</b> . <u><b>Do not is</b></u> <u><b>Top Copy</b></u> is for the Regional Ombudsma	an's	Door	ny r ard	Tesip	tent(s) by name or interence on this form.
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