

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> BUNCOMBE	<b>Facility Type:</b>	<b>Facility Name:</b>
	<input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	ALVERTA BOLICK HOME

<b>Visit Date:</b> 8/11/14	<b>Time Spent in Facility:</b> hr 2.5 min	<b>Arrival Time:</b> 1 : 30 am <input checked="" type="checkbox"/> pm
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<b>Name:</b> KATHLEEN TROUTMAN	<b>Phone:</b>
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<b>Title:</b> Check Box	<input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	<input type="checkbox"/> Other staff
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<b>Committee Members Present:</b> PEGGY BIERER, SPIKE GRAM, MARSHA SAFIAN	<b>Report Completed by:</b> MARSHA SAFIAN
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**Number of Residents who received personal visits from committee members:** 0

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="font-size: 1.2em;">NONE OF THE RESIDENTS WERE AT HOME. THEY ATTEND AB TECH, OPEN HEARTS, GOODWILL &amp; ONE WORKS AT McDONALDS.</p>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="font-size: 1.2em;">THE HOME IS VERY CLEAN &amp; COMFORTABLE WITH A HOMELIKE ATMOSPHERE</p>

Resident Services	Comments & Other Observations
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 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 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p style="font-size: 1.2em;">THE RESIDENTS ARE INVOLVED WITH THE CHURCH &amp; ATTEND SERVICES ON SUNDAY &amp; OTHER GROUP ACTIVITIES.</p>

**Areas of Concern**

**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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DHHS DOA-022/2004

5 RESIDENTS  
1 VACANCY  
ALL MALE  
AGES 28-57

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