

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>BUNCOMBE</b>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <b>ANGEL HOUSE #6</b>
Visit Date <b>3 10 14</b>	Time Spent in Facility hr <b>20</b> min	Arrival Time <b>1 : 30</b> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <b>MONIQUE PIPPIN</b>		Interview was held <input checked="" type="checkbox"/> In-Person
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff

Rep \_\_\_\_\_ (Name & Title)

Committee Members Present: **MARSHA SAFIAN PEGGY BIERER** Report Completed by: **MARSHA SAFIAN**

Number of Residents who received personal visits from committee members: **3**

Resident Rights Information is clearly visible.  Yes  No Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible.  Yes  No Staffing information is posted.  Yes  No  
(Required for Nursing Homes Only)

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Residents all seemed to be happy in the home. They said they were well taken care of.</i>
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>The home was very clean. The rooms were all cheerful &amp; bright.</i>
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 checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" 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 checked="" 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	<i>NOT OBSERVED</i>
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<i>The home had more than enough pleishable &amp; non pleishable food. ONCE A MONTH</i>	
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 type="checkbox"/> Yes <input type="checkbox"/> No		<i>N/A</i>
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		

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.

**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.

5 RESIDENTS

1 VACANCY

ALL MALES

AGES 47-57

1 RESIDENT GOES TO AIB TECH

1 RESIDENT GOES TO THE AUTISTIC SOCIETY 4 X A WEEK.

4 ARE DIABETIC. THEY HAVE SPECIAL DIABETIC MENUS.