

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: <u>Angel House B</u>
Visit Date: <u>3/24/15</u>	Time Spent in Facility: _____ hr _____ min	Arrival Time: <u>1</u> : <u>40</u> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: _____		Interview was held <input checked="" type="checkbox"/> In-Person
Name: <u>Tereta Reeves</u>		Phone: _____
Title: Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff	
Committee Members Present: <u>Marsha Soper, Spille Gran</u>		Report Completed by: <u>S Gran</u>

Number of Residents who received personal visits from committee members: 2

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Required for Nursing Homes Only)</i> <u>N/A</u>	Staffing information is posted. <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" 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 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No 6. Did 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 checked="" type="checkbox"/> No	<p><i>Not observed</i></p> <p><i>N/A</i></p>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" 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 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 [ ] Inside only [ ] Both Inside and Outside. 13. Were residents able to reach their call bells with ease? <u>N/A</u> <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><i>N/A</i></p> <p><i>N/A</i></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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>N/A</i></p>

Are there resident focus 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.

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.

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Home has 6 female residents, aged early 20's to  
60's  
Home neat + clean

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