

**COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT**

County <b>Buncombe</b>		Date 09/08/15	Facility Name Heather Glen at Ardenwoods		
Number of Residents Visited:3		Length of Visit: ___ hour ___30___ min		Facility Type <input checked="" type="checkbox"/> Adult Care Home (ACH) <input type="checkbox"/> Family Care Home (FCH) <input type="checkbox"/> Nursing Home (NF)	
Report Completed by: Bob Tomasulo					
Other Members Present: Peggy Franc					
Exit Review Conducted With: Maureen Davis Title: Administrator				RLTCO Office Use Only: <input type="checkbox"/> Reviewed <input type="checkbox"/> Entered in ODIS <input type="checkbox"/> cc: Facility <input type="checkbox"/> cc: DSS (ACH only)	
Posted	Residents Rights	Ombudsman Contact	Staffing Information		Survey Results (NH only)
Yes	x	x	x		
No					

WHAT RESIDENTS REPORT DURING INTERVIEW		YES	NO	ADDITIONAL INFORMATION
Are you aware you have rights as a resident here?		x		
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?		x		
Are you able to make complaints/suggestions without fear of retaliation?		x		
Are you free from mental and physical abuse?		x		
Do you know what to do if you are mistreated here?		x		
Is your personal/medical information kept confidential?		x		
Are you asked for input with planned activities?		x		
Do you enjoy the activities offered by the facility?		x		
Is your personal care provided in a way you like?		x		
Do you receive a response to your requests?		x		
Can you access your personal needs funds when requested? If no, why?		x		
Does the home encouraged personalization of your room?		x		
Do you feel safe and secure here?		x		
Do you feel the home is too noisy? If so, when and where?			x	
Are you permitted to smoke here? If so, are you aware of the smoking policy?			x	
Can you reach the call bell?		x		
Does staff answer your call bell timely?		x		
Do they ask what you prefer to eat?		x		
Do you get to seat where you like during meals?		x		

WHAT CAC MEMBERS OBSERVE		Yes	No	OBSERVATIONS
Residents appear neat, clean and odor free?		x		
Residents are up and out of bed/room and socializing?		x		
Staff interact respectfully with residents who have difficulty communicating or making needs known.		x		
Call bells/lights appear to be accessible and answered timely.		x		
Staff support residents' right to privacy and dignity.		x		

AREAS OF CONCERN	EXIT REVIEW SUMMARY
No problems discovered during the visit.	Summarize exit review. Note issues requiring follow-up. Issue: _____ Follow-up by date: _____ By whom: _____