Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	**Facility Type:** Adult Care Home; Family Care Home; Combination Home; x Nursing Home	**Facility Name:** ASTON PARK
Visit Date 10/30/11	**Time Spent in Facility** 1 hr 15 min	**Arrival Time** 9 : 30 X am pm
Name of Person Exit Interview was held with:		**Interview was held** In-Person
Name: KAREN YOUNG		**Phone:**
Title: Check Box	Admn. X SIC (Supervisor in Charge) DON	Other staff
Committee Members Present: Bob DuBrul JENNIFER KIGER		**Report Completed by:** Bob DuBrul
Number of Residents who received personal visits from committee members: 12		
Resident Rights information is clearly visible. X Yes No	**Ombudsman contact information is correct and clearly posted.** X Yes No	
The most recent survey was readily accessible. *(Required for Nursing Homes Only)* X Yes No	**Staffing information is posted.** X Yes No	

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	X Yes	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?*	X Yes	No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	X Yes	No	
4. Were residents interacting w/ staff, other residents & visitors?	X Yes	No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	X Yes	No	
6. Did you observe restraints in use?	Yes	X No	
7. If so, did you ask staff about the facility's restraint policies?	Yes	No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	X Yes	No	
9. Did you notice unpleasant odors in commonly used areas?	Yes	X No	
10. Did you see items that could cause harm or be hazardous?	X Yes	No	HALLWAYS CROWDED.
11. Did residents feel their living areas were too noisy?	Yes	X No	
12. Does the facility accommodate smokers?	Yes	X No	
12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	X Yes	No	
14. Did staff answer call bells in a timely & courteous manner?	X Yes	X No	SLOW AT NIGHT
14a. If no, did you share this with the administrative staff?	Yes	No	

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	X Yes	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	X Yes	No	
16a. Can residents access their monthly needs funds at their convenience?	X Yes	No	
17. Are residents asked their preferences about meal & snack choices?	X Yes	No	
17a. Are they given a choice about where they prefer to dine?	X Yes	No	
18. Do residents have privacy in making and receiving phone calls?	X Yes	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	X Yes	No	
20. Does the Facility have a Resident's Council?	X Yes	No	