

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%; text-align: center;">X</td> <td style="width: 50%;">Family Care Home</td> <td style="width: 50%;"></td> </tr> <tr> <td>Combination Home</td> <td></td> <td>Nursing Home</td> <td></td> </tr> </table>	Adult Care Home	X	Family Care Home		Combination Home		Nursing Home		<b>Facility Name:</b> Deaverview Heights
Adult Care Home	X	Family Care Home								
Combination Home		Nursing Home								
<b>Visit Date:</b> 3/15/18	<b>Time Spent in Facility:</b> hr 10 min	<b>Arrival Time:</b> 3 : 00 am <input checked="" type="checkbox"/> pm								
<b>Person Exit Interview was held with:</b> Jeffrey Wilson, SIC		<b>Interview was held:</b> <input type="checkbox"/> <b>In-Person or Phone (Circle):</b> <input type="checkbox"/>								
<b>Adm:</b>	<b>SIC (Supervisor in Charge):</b> X	<b>Other Staff: (Name &amp; Title):</b>								
<b>Committee Members Present:</b> John Bernhardt, Susan Stuart		<b>Report Completed by:</b> John Bernhardt								

**Number of Residents who received personal visits from committee members:** 1

<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
<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 type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5 male residents, 1 female. When we arrived one resident was watching TV, another then came outside to smoke. One had taken the bus that passes by the home. The only conversation was with the SIC but he is very good.</p>

Resident Living Accommodations Observations	Comments & Other
<p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>All was clean and neat. Residents neat and appropriately dressed. A cement ramp was recently built at the entrance and is now dry. The walkway at that point needs resurfacing.</p>

- 11. Did residents feel their living areas were too noisy?  Yes  No
- 12. Does the facility accommodate smokers?  Yes  No
- 12a. Where?  Outside only  Inside only  
 Both Inside and Outside.
- 13. Were residents able to reach their call bells with ease?  Yes  No
- 14. Did staff answer call bells in a timely & courteous manner?  Yes  No
- 14a. If no, did you share this with the administrative staff?  Yes  No

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

Overall the facility and the care seem to be excellent.

Areas of Concern	Exit Summary
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Are there resident issues 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.