

 **Community Advisory Committee Quarterly/Annual Visitation Report**

<b>County:</b> Buncombe	<b>Facility Type:</b> <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	<b>Facility Name:</b> Leicester Heights
<b>Visit Date:</b> 10/11/17	<b>Time Spent in Facility:</b> hr 20 min	<b>Arrival Time:</b> 1 : 00 am <input checked="" type="checkbox"/> pm
<b>Person Exit Interview was held with:</b> Martha Plemmons (Owner and SIC)		<b>Interview was held:</b> <input checked="" type="checkbox"/> In-Person

<b>Adm</b>	<b>SIC (Supervisor in Charge)</b> <input checked="" type="checkbox"/>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> John Bernhardt, Susan Stuart	<b>Report Completed by:</b> John Bernhardt
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<b>Number of Residents who received personal visits from committee members: 3</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resident Profile	Comments & Other Observations
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1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input 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
	<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 type="checkbox"/>	No

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike?	
9. Did you notice unpleasant odors in commonly used areas?	

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8. Did residents describe their living environment as homelike?	
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10. Did you see items that could cause harm or be hazardous?

Yes  No

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**

Yes  No

Yes  No

Yes  No

17a. Are they given a choice about where they prefer to dine?

Yes  No  
 Yes  No

Yes  No

20. Does the Facility have a Resident's Council?

Yes  No  
 Yes  No

**Areas of Concern**

**Exit Summary**

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.