

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:			Facility Name:			
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Windwood Rest Home				
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home					

Visit Date	Oct. 18, 2017	Time Spent in Facility	hr	15	min	Arrival Time	2	:	05			am	<input checked="" type="checkbox"/> pm
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Person Exit Interview was held with:	Interview was held	<input checked="" type="checkbox"/> In-Person
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Lisa Suttles, SIC

Adm	SIC (Supervisor in Charge)	<input checked="" type="checkbox"/>	Other Staff: (Name & Title)
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Committee Members Present:	Report Completed by:
Brad Alexander, John Bernhardt, Susan Stuart	John Bernhardt

Number of Residents who received personal visits from committee members: 5			
<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
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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 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 <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" 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

Resident Services

Comments & Other Observations

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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.