



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		Becky's 2							
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home									
Visit Date 1/11/2018	Time Spent in Facility		h	30	Min	Arrival Time	9	:	2	5	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Person Exit Interview was held with: Pat Conner							Interview was held	<input checked="" type="checkbox"/>	(In-Person) or Phone (Circle)			
Cheryl Vaughn		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)							
Committee Members Present: Don Streb, Paula Garber							Report Completed by: Don Streb					
Number of Residents who received personal visits from committee members:												
			<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>			
			<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Resident Profile							Comments & Other					
Observations												
1. Do the residents appear neat, clean and odor free?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						

**Resident Living Accommodations
Observations**

Comments & Other

Do residents describe their living environment as melike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
Are residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Also, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

<input checked="" 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

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Laundry room and utility rooms left unlocked. The 4 week Cycle menu dated 2014 should be removed and updated

Bible Study was getting ready to start while we were there

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.