

Community Advisory Committee Quarterly/Annual Visitation Report

Count	У	Facility Type:	☐ Family Care Home	Facility Name		
Buncombe		The second secon	me 🗷 Nursing Home			
		☐ Combination Home		Complete Care		
		Time Spent in Fa	cility	Arrival Time		
2/12/18		1 Hr. 30) Min	11:40 Am PM		
Name	of person Exit Interview	w was held with K	atelyn Gonzalez	(Name & Title)		
Interview was held ☑ In-Person ☐ Phone ☑ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep						
Committee Members Present:				Report completed by:		
Maria Hines and Judy McDonough				JMcD		
Numb	er of Residents who rec	eived personal vis	sits from committee me	embers: 14		
Reside	ent Rights Information is	s clearly visible.	Ombudsman contact	information is correct and clearly		
	✓ Yes		posted. 🔀 Ye			
The mo	ost recent survey was read	•	Staffing information is po			
(Rei	☑ Yes ☐ No quired for Nursing Homes		☐ Yes	□ No		
(Acc	Resident Prof		Comments :	and Other Observations		
	actook or bedoleds a bedole	· >>>		tititis of titled of title its had been to		
1. Do	the residents appear r	neat, clean and	M	- Carlo I - I - I - I		
1	or free? Yes No		Many were still in b	ed in bedciotnes		
2. Die	d residents say they rec	eive assistance				
	th personal care activiti					
1	eir teeth, combing their					
1	ntures or cleaning their	_				
	☐ Yes □ No	, •				
3. Die	d you see or hear reside	ents being				
en	couraged to participate	in their care by				
staff members? 🔀 Yes 🗆 No						
4. W	4. Were residents interacting w/ staff, other					
residents & visitors? 🛮 Yes 🗆 No						
5. Die	5. Did staff respond to or interact with					
res	sidents who had difficul	lty				
col	mmunicating or making	g their needs				
	own verbally? 🔀 Ye					
6. Did you observe restraints in use?						
	🗆 Yes 🛛 No					
1	so, did you ask staff abo					
res	straint policies? Yes	s 🗆 No				

Community Advisory Committee Quarterly/Annual Visitation Report

Resident Living Accommodations	Comments and Other Observations
8. Did residents describe their living environment as homelike? ☐ Yes ☐ No 9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No 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 ☐ Both Inside & Outside.	Some rooms were a lot homier than others
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	One resident said the wait time was ok
Residential Services	Comments and Other Observations
 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	

Community Advisory Committee Quarterly/Annual Visitation Report

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?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
No van anymore	
One resident wanted more social activities others would show up for	
Beautician hours are inadequate Kudos: "Food's good", Church singing group was leaving as we arrived, most residents went to dining room for lunch, Newspaper with coffee has been reinstated	