

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>			<b>Facility Name:</b> Becky's 2						
		<input checked="" type="checkbox"/> Adult Care Home	Family Care Home							<input type="checkbox"/>	
		<input type="checkbox"/> Combination Home	Nursing Home								
<b>Visit Date</b> 09/15/17		<b>Time Spent in Facility</b>	h r	Mi 20	<b>Arrival Time</b>	9:3 0	<input type="checkbox"/>	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm		
Person Exit Interview was held Jerry Messer					Interview was held	<input checked="" type="checkbox"/> (In-Person) or Phone (Circle)					
Jerry Messer	<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>								
<b>Committee Members Present:</b> Don Streb, Paula Garber,					<b>Report Completed by:</b> Don Streb						
<b>Number of Residents who received personal visits from committee members:</b> 0											
Resident Rights Information is clearly visible.			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
The most recent survey was readily accessible. (Required for Nursing Homes Only)			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Resident Profile</b>					<b>Comments &amp; Other</b>						
<b>Observations</b>											
1. Do the residents appear neat, clean and odor free?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
2. Did residents say they receive assistance with											



**Resident Living Accommodations Observations**

**Comments & Other**

Do residents describe their living environment as homelike?	<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 type="checkbox"/>	Yes	<input checked="" 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
Where? <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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Resident Services**

**Comments & Other Observations**

Are residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are residents asked their preferences about meal &	<input type="checkbox"/>		<input type="checkbox"/>	

ack choices?

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

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

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

Do residents have privacy in making and receiving phone calls?

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

Is there evidence of community involvement from former civic, volunteer or religious groups?

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

Does the Facility have a Resident's Council?

<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.

Only one bed available Facility really looks good especially compared to a few years ago.

Good interaction between staff and residents

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.