

Community Advisory Committee Quarterly /Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name THE CROSSINGS							
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home									
	<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home									
Visit Date DEC 7, '17	Time Spent in Facility		0	H	30	min	Arrival Time	10	:	30	<input checked="" type="checkbox"/> a	pm
Person Exit Interview was held with: JOY ELLIOT ADMINISTRATOR							Interview was held message left		In-Person or xxx circle)			
		SIC(Supervisor in Charge)		Other Staff: (Name & Title)								
Committee Members Present: JUDY DEWITT AND JERI HAHNER							Report Completed by JERI HAHNER					

Number of Residents who received personal visits from committee members: 4 IN MEMORY CARE 3-4 IN ASSISTED LIVING

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 type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted. Did not observe	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile

Comments & Other Observation

- | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----|-------------------------------------|----|
| 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 personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | <input checked="" 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 |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | <input checked="" 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 |

THIS FACILITY IS NEW, WELL APPOINTED, AND WELL STAFFED. IT IS FULL -55 IN ASSISTED LIVING AND 25 IN MEMORY CARE.

AGES RANGE 70s to OVER 100 YEARS OLD

___TWO RESIDENTS WERE PLAYING SCRABBLE WHILE AWAITING THE START OF BINGO. THERE WERE TWO PUZZLES IN THE PROCESS OF BEING WORKED ON TOO.

Resident Living Accommodations

Comments & Other Observations

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 checked="" type="checkbox"/>	No
12. 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.				
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 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

INDIVIDUAL APARTMENTS ARE ROOMY. THE COMMON AREAS ARE FURNISHED NICELY AND APPROPRIATELY FOR THEIR PURPOSE.

**IN THE MEMORY CARE AREA THE ENTRY IS VERY HEAVY, SOLID METAL DOORS. WE WAITED TO BE LET IN (VIA A DOORBELL). I WOULD SUGGEST A ONE WAY VIEWING "WINDOW" SO THE CNAs AND STAFF COULD SEE WHO IS WAITING FOR ENTRY.

____ DID NOT OBSERVE

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16. 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
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are they given a choice about where they prefer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<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

THERE IS AN ACTIVITIES DIRECTOR. IN THE MEMORY CARE UNIT ACTIVITIES WERE SCHEDULED; 10 RESIDENTS WERE WAITING; FOR SOME REASON THE DIRECTOR WAS DELAYED.

____ **MENU AND SNACKS ARE POSTED**

____ **DID NOT INQUIRE ABOUT DINING CHOICE**

____ **DID NOT INQUIRE ABOUT A COUNCIL**

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.

WAS DISAPPOINTED THAT THE ACTIVITY SCHEDULED IN THE MEMORY CARE UNIT WAS NOT OCCURRING BUT THE AREA IS WELL STAFFED AND THE RESIDENTS ARE WELL CARED FOR.

THIS IS A WELL ORGANIZED AND PLEASANT FACILITY.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

