## Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Fa	cility Type:	Facility Name:																
		x	x Adult Care Home Combination Home			ami Iom	ly Care e	Becky's 1												
							lursi	ing Hom	ne											
Visit Dat 6/7/2018	Visit Date			Time Spent in Facility			h 15		Min	Arrival Time 11:30				G		am	X	pm		
Person E	Exit Interview wa	as he	eld w	ith: Sherryl Vau	ghn					interv held	iew wa	IS	X	Ph	Persone	son) (	or			
			SIC Cha	(Supervisor in rge)	Oth	er S	Staff: (N	ame	& Title	•)				<u> </u>						
Committee Members Present:						,	Report Completed by:													
Don Streb, Paula Garbar, Cathy Meckley							Don Streb													
Number	of Residents wh	o re	ceive	d personal visit	ts fr	om co	omr	nittee n	nemb	ers:			****							
Resident Rights Information is clearly visible.				x Y1	V	1					ct information is x Yes No No posted.									
The most recent survey was raccessible. (Required for Nur Homes Only)					Sta	ffin	g inforr	natio	n is po	osted.			>	( Y	es	N	0			
Observal	Resident P	rofile									C	omm	en	is &	Oth	er				
1. Do th free?	e residents appe	ar ne	at, cl	ean and odor	x	Yes		No												
2. Did residents say they receive assistance with																				

Resident Living Accommodati Observations	ions					
d residents describe their living environment as melike?	х	Yes		No		
d you notice unpleasant odors in commonly used eas?		Yes	x	No		
1 you see items that could cause harm or be zardous?	X	Yes		No		
d residents feel their living areas were too noisy?		Yes	X	No		
es the facility accommodate smokers?		Yes	x	No		
? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.						
ere residents able to reach their call bells with se?	X	Yes		No		
d staff answer call bells in a timely & courteous anner?	X	Yes		No		
10, did you share this with the administrative staff?		Yes		No		
Resident Services						
ere residents asked their preferences or opinions out the activities planned for them at the facility?	x `	Yes		No		
residents have the opportunity to purchase rsonal items of their choice using their monthly				NI		
eds funds?  Can residents access their monthly needs funds at	X	Yes		No		
their convenience?	x	Yes		No		
e residents asked their preferences about meal &	<u></u>					

Dining room cleaned and looks good
Activity calendar posted and looks good
Both sections full.
Menus posted and current
Laundry room linen room and storage room not locked