Community Advisory Committee Quarterly/Annual Visitation Report



C	ounty:	Facility Type:						Facility Na	me:				
Buncombe		X Adult Care Home Combination Home				Care F g Home		Crossings					
	isit date 2/12/2018	Time Spent in Facility	1		hr	20	min	Arrival Time	1	:	00	pm	X
Pe	erson Exit Interview wa	s held with: Ann Watts						Interview wa held Yes	IS		(In-Pe (Circle		r Phon
Ar	nn Watts	SIC (Supervisor in Charge				taff: (N o seve		Title)					
	ommittee Members Pred dy DeWitt Susan Stuar	sent:							rt Cor Dewi		ed by:		
Re	umber of Residents who esident Rights Informat sible.	o received personal visits from is clearly X Y	om cor N	On	nbud		contac	t information	is co	rrect	X	Yes	No
ac	e most recent survey v cessible. <i>(Required for</i> omes <i>Only)</i>	r Nursing	N	Sta	affing	j inforn	nation	is posted.				Yes	No
1.	Resident Properties The Properties The Residents appeared to the residents appeared to the Resident Properties and	ofile r neat, clean and odor free?	X	Yes		No	Places	Comment very clean a				rations	
2.	Did residents say they repersonal care activities, combing their hair, inset their eyeglasses?	receive assistance with Ex. brushing their teeth, rting dentures or cleaning	x	Yes		No		,					
3.	Did you see or hear res participate in their care	idents being encouraged to by staff members?		Yes	X	No							
ŀ.	Were residents interactivisitors?	ing w/ staff, other residents &	×	Yes			new ad	Il residents sp Iministrator, A	oke to ann Wa	us . A atts.St	All spok aff also	ke highl o very p	ly of the lease
5.		nteract with residents who ating or making their needs		Yes		No	with he Did not	see any resid	dents h	having	any d	ifficulty	
.	Did you observe restrain	nts in use?		Yes	X	No							
' .	If so, did you ask staff a policies?	bout the facility's restraint		Yes		No							

1500	Decident Living Assembledions	ALC: N	100		98 S.L.	Comments & Other Observations
8.	Resident Living Accommodations Did residents describe their living environment as	Х	Yes		No	Comments & Other Observations
	homelike?					
9.	Did you notice unpleasant odors in commonly used	30	Yes	Χ	No	
	areas?					
10	Did you see items that could cause harm or be		Yes	Х	No	
101	hazardous?			28		
11	Did residents feel their living areas were too noisy?		Yes	Х	No	
11.	Did residents feet their fiving dreas were see noisy.	X	Yes	18	No	
	Does the facility accommodate smokers?	nido.	and O	utoid		
vvn	ere? [X] Outside only [] Inside only [] Both Ins	side i	and O	นเรเน	e.	
13.	Were residents able to reach their call bells with	X	Yes		No	
14	ease? Did staff answer call bells in a timely & courteous		Yes		No	2 call bells 2 nd one in bathroom
17.	manner?					
	If no, did you share this with the administrative staff?		Yes	1/2	No	CommentsX& Other Observations
	Resident Services					
			120	04	OF THE	COMMICITION & OTHER OPPORTUNITION
15.	Were residents asked their preferences or opinions	Y	Yes		No.	
15.		X	Yes		No	Many activities available
	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase					Many activities available
	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly	X	Yes Yes		No No	
	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?				No	Many activities available
	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly					Many activities available
16.	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?		Yes		No	Many activities available
16.	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? Are residents asked their preferences about meal & snack choices?		Yes Yes Yes		No No No	Many activities available
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16.	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? Are residents asked their preferences about meal & snack choices?	X	Yes Yes Yes		No No No	Many activities available Residents have their own money
16.	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine? Do residents have privacy in making and receiving	×	Yes Yes Yes Yes		No No No No	Many activities available Residents have their own money Choices at every meal.
16.	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine?	X	Yes Yes Yes		No No No	Many activities available Residents have their own money
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16. 17.	Were residents asked their preferences or opinions about the activities planned for them at the facility? Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience? Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine? Do residents have privacy in making and receiving phone calls?	×	Yes Yes Yes Yes		No No No No	Many activities available Residents have their own money Choices at every meal.

Areas of Concern **Exit Summary** Are there resident issues or topics that need follow-up or review at a later time Atmosphere is very good now with new administrator. Were told by both staff members and residents that or during the next visit. No they are very pleased with new administrator and glad to get rid of last one. Everyone that we talked to was very friendy and helpful.

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