Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type: Adult Care Home Combination Home	Family Care Home Nursing Home	Autumn View 231	
Visit Date Au 4/12/18 n Vie	utum ew	Time Spent in Facility minutes	h r Min 20	: x am pn	
Person Exit Inte	erview was he	ld with: Dorothy Stega		nterview was (xln-Person) or Phone (Circle)	
		SIC (Supervisor in Charge)	Other Staff: (Name &	Title)	
Committee Mem Don Streb, Paula Julia Gibson wa	a Garber.			Report Completed by: Don Streb	
Number of Resid	dents who rec	eived personal visits fr	rom committee member	s: 4	
Resident Rights clearly visible.	Information is	s x Y N	Ombudsman contact correct and clearly po		
The most recent accessible. (Req Homes Only)	survey was re quired for Nur	eadily x Y N	Staffing information i	x Yes No	
Res Observations	sident Profile			Comments & Other	
 Do the resider free? 			Yes No		Commented [1]:
Did residents s	say they receiv	e assistance with			

	personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	x	Yes		No
3.	Did you see or hear residents being encouraged to participate in their care by staff members?	x	Yes		No
4.	Were residents interacting w/ staff, other residents & visitors?	x	Yes		No
5.	Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	X	Yes		No
6.	Did you observe restraints in use?	x	Yes Yes	x	No No
7.	If so, did you ask staff about the facility's restraint policies?	X	res		NO

id residents describe their living environment as omelike? X Yes No Yes X No	
id you notice unalessant oders in comment used.	
reas?	
id you see items that could cause harm or be azardous?	
id residents feel their living areas were too noisy?	
oes the facility accommodate smokers?	
e? [x] Outside only [] Inside only [] Both Inside and Outside.	
/ere residents able to reach their call bells with x Yes No	
id staff answer call bells in a timely & courteous x Yes No	
no, did you share this with the administrative staff? Yes No	
Resident Services Comments & Other Observations	
/ere residents asked their preferences or opinions pout the activities planned for them at the facility?	
or residents have the opportunity to purchase ersonal items of their choice using their monthly seeds funds?	
Can residents access their monthly needs funds at their convenience?	
e residents asked their preferences about meal &	

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n	ack choices?	x	Yes		No		
	Are they given a choice about where they prefer to dine?	x	Yes		No		
	residents have privacy in making and receiving one calls?					-	
		X	Yes		No		
ther civic, volunteer or religious groups?		х	Yes		No	1	
0	es the Facility have a Resident's Council?	х	Yes		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?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Men's room needs to be cleaned better	
Mixed views on meals, breakfast rather light.	

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

DHHS DOA-022/2004

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