

County: Buncombe	Fac	ility Typ	e:			Autu	Autumn View 233					
Builcompe		X Adult Care Home			Family C Home	are	1	4				
	1 1	Combinat Home	tion		Nursing I	Home						
Visit Date 4/18/18		e Spent lity min			h r	min				x	am	pm
Person Exit Interview	was held with	: Kiauna	Hines	I			Interviev held	v was	Ph	n-Pers one rcle)	on) or	
	SIC (S Charge	upervisc e)	or in	Of	her Staff:	(Name &	& Title)					
Committee Members I Don Streb, Paula Garb	per,						Do	port Con	mpleted	d by:		
Number of Residents v	who received p	ersonal	visits	from c	ommittee	membe	rs:	2			Marie S	_
Resident Rights Inform clearly visible.		x Y	N	Or	nbudsma rrect and	n contac	t informa	ition is	x	Yes	No	-
The most recent survey was readily x Y accessible. (Required for Nursing Homes Only)				Sta	Staffing information is posted.					No		
Resident l	Profile							Comme	ents & C	Other		
Do the residents app free?	ear neat, clean	and odo	r x	Yes	No							
Did residents say the	y receive assist	ance wit	h  i									

Commented [1]: Made a comment

	personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	x	Yes		No	<b>*</b>	
						* · · · · · · · · · · · · · · · · · · ·	
3.	Did you see or hear residents being						
	encouraged to participate in their care by staff	x	Yes		No		
	members?						
						× 5	
4.	Were residents interacting w/ staff, other	x	Yes		No		
	residents & visitors?		}				
5.	Did staff respond to or interact with residents						
	who had difficulty communicating or making	x	Yes	<u> </u>	No		
	their needs known verbally?	1	103				
6.	Did you observe restraints in use?		Yes	х	No		
	,	x	Yes		No		
7	If so, did you ask staff about the facility's	^	163		"		
7.	restraint policies?						
-	restraint policies:		_	L_	j		

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Resident Living Accommod Observations	ation	s			Comments & Other	
id residents describe their living environment as omelike?	x	Yes		No		
id you notice unpleasant odors in commonly used reas?		Yes	x	No		
id you see items that could cause harm or be azardous?		Yes	x	No		
id residents feel their living areas were too noisy?		Yes	x	No		
oes the facility accommodate smokers?	x	Yes		No		
e? [x] Outside only [] Inside only [] Both In	side a	and Out	side	9.		
ere residents able to reach their call bells with ase?	x	Yes		No		
d staff answer call bells in a timely & courteous anner?	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 out the activities planned for them at the facility?	x	Yes	1	No		
residents have the opportunity to purchase sonal items of their choice using their monthly eds funds?	x \	Yes	N	Vo		
Can residents access their monthly needs funds at their convenience?	x Y	res	N	lo		
residents asked their preferences about meal &						

nack choices?	x	Yes	No	
Are they given a choice about where they prefer to dine?	x	Yes	No	
o residents have privacy in making and receiving hone calls?		Yes	No	
there evidence of community involvement from ther civic, volunteer or religious groups?		Yes	No	
oes the Facility have a Resident's Council?	x	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.
No postings on the activity calendar Tobacco all over a container on coffee table. Looks like someone rolls there own cigarettes	
Menu not posted	

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

DHHS DOA-022/2004