

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Becky's 1													
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home														
		<input type="checkbox"/>	Combination Home	<input checked="" type="checkbox"/>	Nursing Home														
Visit Date 8/7/2018		Time Spent in Facility		h	r	Min	15	Arrival Time	11:	10	:	<input type="checkbox"/>	a	<input checked="" type="checkbox"/>	m	<input type="checkbox"/>	pm		
Person Exit Interview was held with: Sherryl Vaughn								Interview was held		x (In-Person) or Phone (Circle)									
Casey Griffin		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)														
Committee Members Present: Don Streb, Paula Garbar, Cathy Keckeley								Report Completed by: Don Streb											
Number of Residents who received personal visits from committee members: 2																			
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. <i>(Required for Nursing Homes Only)</i>						<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.						<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resident Profile									Comments & Other										
Observations																			
1. Do the residents appear neat, clean and odor free?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	New tile and paint in bathroom Linen room not locked. Cleaning carts, which are stocked with chemicals, could invite an accident.											

2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	x	Yes		No	<p>Good comments on the food, facility looks good, much improved</p> <p>1 empty male semi private</p>
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?		Yes	x	No	
7. If so, did you ask staff about the facility's restraint policies?	x	Yes		No	

**Resident Living Accommodations
Observations**

Comments & Other

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 checked="" type="checkbox"/>	Yes	<input 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 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 checked="" 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

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?		Yes	X	No
Are they given a choice about where they prefer to dine?	x	Yes		No
18. Do residents have privacy in making and receiving phone calls?				
	x	Yes		No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?				
	x	Yes		No
20. Does the Facility have a Resident's Council?	x	Yes		No

