

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name:											
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home	Becky's 2											
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home												
Visit Date 4/3/2017	Time Spent in Facility		h	20	Min	Arrival Time	1:30	:	<input type="checkbox"/>	<input type="checkbox"/>	a	<input checked="" type="checkbox"/>	pm				
Person Exit Interview was held with: Cheryl Vaughn						Interview was held	<input checked="" type="checkbox"/> (In-Person) or Phone (Circle)										
Cheryl Vaughn	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)			Other Staff: (Name & Title)												
Committee Members Present: Don Streb, Paula Garbar,							Report Completed by: Don Streb										
Number of Residents who received personal visits from committee members:																	
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. (Required for Nursing Homes Only)				<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										
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>				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No										

3. Did you see or hear residents being encouraged to participate in their care by staff members?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

4. Were residents interacting w/ staff, other residents & visitors?

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

7. If so, did you ask staff about the facility's restraint policies?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Living Accommodations Observations

Comments & Other

Do residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

? Outside only Inside only Both Inside and Outside.

Are residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
How, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

Are residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
Are residents asked their preferences about meal &				

ack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
residents have privacy in making and receiving phone calls?					
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
here evidence of community involvement from either civic, volunteer or religious groups?					
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Areas of Concern	Exit Summary
Tub and toilet room does not have a lock on door 12 out of 15 residents Most residents were taking a nap but those we talked to were happy there	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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

DHHS DOA-022/2004