

Community Advisory Committee Quarterly / Visitation Report

County: Buncombe		Facility Type:					Facility Name The Crossings on Reynolds Mountain									
		<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home											
			Combination Home		Nursing Home											
Visit Date 7.25.2017		Time Spent in Facility		0	Hr	55	min	Arrival Time	10	:	50		<input checked="" type="checkbox"/>	a	pm	
Person Exit Interview was held with: Joy Elliott Administrator								Interview was held		<input checked="" type="checkbox"/>	In-Person or xxx circle)					
		SIC(Supervisor in Charge)			Other Staff: (Name & Title)											
Committee Members Present: Judy DeWitt, Jeri Hahner, Bob Tomasulo								Report Completed by Jeri Hahner								
Number of Residents who received personal visits from committee members: –several – all positive statements																
Resident Rights Information is clearly visible.				<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. We gave an updated copy which was immediately posted.					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)				<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted. Did not observe Administrative positions posted					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resident Profile								Comments & Other Observation								
1. Do the residents appear neat, clean and odor free?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Memory Care/ 15 Residents-age range 70s-98 Assisted Living/62 Residents-age range 60s-102 Did not inquire. But there were staff members going into several rooms and distributing medicines. In the living room off of the lobby the activity at 11:00am was piano playing and a sing-along. Some residents were dancing. Many were keeping time to the music and singing. 4 residents from the Memory Care unit were brought up to participate.								
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?				<input 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									
4. Were residents interacting w/ staff, other residents & visitors?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No									
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									
6. Did you observe restraints in use?				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No									
7. If so, did you ask staff about the facility's restraint policies?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No									

Resident Living Accommodations

Comments & Other Observations

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 type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where? <input checked="" 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input 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

Not sure if they have smokers as residents.

Did not observe.

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are they given a choice about where they prefer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

It appears that they do. A Resident's Council meeting was scheduled for 3 pm the day we were there.

Did not inquire about personal funds, etc.

Diet guidelines are established for Assisted Living facilities. One resident said that the dining room' is a place she enjoys because of the chance to meet, visit and engage with the other residents. If a resident had a need to eat in their room I feel sure that the facility would accommodate them.

Church was listed on the activity schedule. I didn't notice if they were transported – or had services in the facility.

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.

Dynamic change in the participation and activities that are scheduled. A movie every night, Therapy is open M-F from 8am to 5pm, 4 women were playing Scrabble in the activity room, more books were available on the shelves -All very good changes.

The hair salon is only open one day a week; so, we HOPE that not every female resident wants her hair done weekly. . . or can get out to her favorite salon.

Truly, we saw a more active facility. A VERY positive change!!!

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