## Community Advisory Committee Quarterly/Annual Visitation Report

County:		Fa	Facility Type:			Facility Name:										
Dungamba		Χ	Adult Care Hom	ie	F	amil	y Care	Home	Windwood Assisted Living Ctr							
Buncombe			Combination H	ome	Nursing Home			ne								
Visit Date 8/16/2017			me Spent in Faci		ł	hr	20	min	Arrival Time	2	: 00	· [	am	Xyx		
Person Exit	Interview was	held	with: Lisa Suttle	S		-		1	Interview held	was	dir.	Pers	on	- <del></del>		
					14.31	1.7	1,51,51,51	·····	72 - 73							
Adm SIC (Supervisor in Charge Lisa Suttles						Other Staff: (Name & T								•		
John Bernha		ande	r, Susan Stuart						Su	oort C san St	<b>omplet</b> tuart	ed b	у:			
	*******		ved personal vis				***									
clearly visibl			x Yes	No			sman arly po		t informat	ion is	correc	t ×	Yes	No		
The most red accessible. ( Homes Only)		Vursi	dily Yes N ng	0	Sta	ffing	infori	mation	is posted				Yes	No		
Observations	Resident Pro	ile								C	ommer	ts &	Other	•		
odor free?			eat, clean and	X	Yes		No					Z. C.				
F .	-		eive assistance													
their teeth, o dentures or	al care activit combing their cleaning thei	hair r eye	inserting eglasses?		Yes		No									
	ee or hear re to participate		nts being neir care by sta	ff	Yes		No									
residents &	visitors?		w/ staff, other	X	Yes		No									
residents wh	espond to or no had difficu needs know	ty co	mmunicating o	r	Yes		No									
6. Did you o	bserve restra	ints	n use?		Yes	X	No									
7. If so, did y restraint poli		abou	t the facility's		Yes		No									
	Resident Livin Observations	g Ac	commodations								Comn	nent	s & Ot	her		
	ents describe t as homelike		living	Х	Yes		No					Secure 2000				

