Community Advisory Committee Quarterly/Annual Visitation Report

County:		Facility Type:			I CONTROL				
Buncombe		✓ Adult Care Home	Family Ca	are Homo	Facility Na				
		Combination	Nursing H		Arden	1WOOL	ls .		
Visit Date		Home							
8/21/18		Time Spent in Facility	hr	min 45	Arrival Time	2	: 00	am v	
Person Exit Interview	w was held wit	h:							
<u>Pam Slater</u>	1 Execu	tive Director			nterview was	5	In-Per	son or Pho	
					eld		(Circle) <u>in perso</u>	
Committee Marrie	וא וויי	C (Supervisor in harge	Other Staff	: (Name & T	itle)				
Committee Members Bennett Lin	이 시민은 경기를 만나보다는 것은 보다 되었다.	an Eas			Repor	t Comple	eted by:		
					Peg	gy Fi	anc		
Resident Rights In	o who received	personal visits from	committee mem	bers: 6		m - FILL CONTROL THE POLICE			
learly visible.			and clearly	in contact ii posted.	nformation i	s correct		Yes	
he most recent surv ccessible. (Required	ey was readily	Y []	· 1	·				Yes	
omes Only)	a for Nursing		Staffing in	formation	is posted			Yes	
Residen	t Profile		State of the state						
Do the residents a	appear neat. (clean and odor	Yes No		Comm	ents & O	ther Obs	ervations	
Do the residents are?	appear neat, o		Yes No		Comm	ents & O	ther Obs	ervations	
Do the residents are? Did residents say	appear neat, of they receive a	assistance with	Yes No		Comm	ents & O	ther Obs	ervations	
Do the residents are? Did residents say rsonal care activiti	appear neat, of they receive a ies. Ex. brush	assistance with	Yes No		Comm	ents & O	ther Obs	ervations	
Do the residents are? Did residents say rsonal care activition their hair, in	appear neat, of they receive a ies. Ex. brush	assistance with			Comm	ents & O	ther Obs	ervations	
Do the residents age? Did residents say ersonal care activition their hair, in their eyeglasses?	appear neat, of they receive a lies, Ex. brush Inserting dentu	assistance with ing their teeth, vers or cleaning			Comm	ents & O	ther Obs	ervations	
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9. Did you notice unpleasant odors in commonly Yes	AL
used areas?	No
10. Did you see items that apuld source to	
10. Did you see items that could cause harm or be hazardous?	No
11. Did residents feel their living areas were too Yes	<i>y</i> 0
noisy?	
12. Does the facility accommodate smokers?	No
12a. Where? [] Outside only [] Inside only [] Both Inside	
and Outside.	10
13. Were residents able to reach their call bells	No
with ease?	NO
14 Did stoff anavor as II belle is at a	
courteous manner?	No
14a. If no, did you share this with the administrative staff?	No
Resident Services	
15. Were residents asked their preferences or	Comments & Other Observations
opinions about the activities planned for thom at Yes N	lo l
opinions about the activities planned for them at the facility?	
16. Do residents have the opportunity to	
purchase personal items of their choice using Yes N	0
their monthly needs funds?	
16a. Can residents access their monthly needs	
funds at their convenience?	0
17. Are residents asked their preferences about	
meal & snack choices? ✓ Yes No	0
17a. Are they given a choice about where they Yes No	
prefer to dine?	
18. Do residents have privacy in making and	
receiving phone calls?	
19. Is there evidence of community involvement	
from other civic, volunteer or religious groups? Yes No	
20 Does the Facility have a Resident's County	
20. Does the Facility have a Resident's Council? Yes No	
	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Section as well as any changes observed
o One resident complained that fued	during the visit.
egys not well cooked enough in the	
morning, but also complimented the	
entire staff as caring tuttentive	
other have a regetable + fruit garden in the	4
eggs not well cooked enough in the morning, but also complimented the entire staff as caring + utrentive other have a vegetable + fruit garden in the book so access to fresh produce.	