

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Buncombe</b>	Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Becky's Rest Home #2
Visit date 5.14.19	Time Spent in Facility Hr.    20    Min	Arrival Time 12:00 Am                      PM
Name of person Exit Interview was held with <u>Cheryl Vaughn, Resident Care Coordina</u> ( <i>Name &amp; Title</i> ) Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: <b>Bennett Lincoff, Paula Garber</b>		Report completed by: <b>Bennett Lincoff</b>
Number of Residents who received personal visits from committee members: <b>2</b>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Resident Profile</b>	<b>Comments and Other Observations</b>	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses</i>? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ol>	<p>We had an extensive conversation with one resident who specifically remembered that she and I had spoken during an earlier visit. This resident had nothing but praise for the care she receives at Becky's. She particularly noted the many opportunities to "go out into the community," which meant going on excursions such as to the local library or the Dollar Store. She also said that the food was good.</p> <p>The facility was very clean.</p> <p>Ms. Vaughn is passionate about her work and shows tremendous compassion for the people in her care. I</p> <p>s in a high level of quality care for the residents living here.</p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>At both Becky's #1 and Becky's #2, there was confusion regarding the posting of the most current Ombudsman Contact Information Sheet. In both facilities, a current and an out of date information sheet were both on display: the current sheet on the bulletin board; and the out of date sheet on the door to the call box where the Community telephone is stored. Ms. Vaughn was surprised to learn that information sheets were displayed on the call boxes. She and I agreed that I would bring her two additional information sheets for display on the call boxes.</p>
Residential Services	Comments and Other Observations
<p>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</p> <p>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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>

