## Community Advisory Committee Quarterly/Annual Visitation Report



County		Facility Type:	☐ Family Care Home	Facility Name	
Buncombe		☐ Adult Care Home ☐ Nursing Home☐ Combination Home		Mc State Veterans Hon	
Visit date		Time Spent in Fa	acility	Arrival Time	
	Ce. 4. 2019		55 Min	10:36Am PM	
Name of perso	n Exit Intervie	w was held with _	Steve Sheets, ale	d m · (Name & Title)	
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep					
Committee M	embers Presen	t:	9997	Report completed by:	
John Bern	hardt - Die	ane Deadmitt	-Caryl Richardson	Caryl Richardson	
			sits from committee me		
		s clearly visible.		information is correct and clearly	
The most recent	□ No		posted.		
Yes		•	Staffing information is po	D No	
(Required for	Nursing Homes	Only)	2 100		
	Resident Prof	ile	Comments a	and Other Observations	
		neat, clean and			
odor free?		=			
	2. Did residents say they receive assistance				
with personal care activities, ex. brushing					
their teeth, combing their hair, inserting					
dentures or cleaning their eyeglasses?  □ Yes □ No					
	3. Did you see or hear residents being				
encouraged to participate in their care by			not observed		
staff members? ☐ Yes ☐ No					
4. Were residents interacting w/ staff, other					
	residents & visitors? Yes 🗆 No				
5. Did staff respond to or interact with					
	ho had difficul				
communic	ating or making pally? 🖫 Ye	their needs			
	servę restraint:				
O. Did you ob	/	s iii use :			
		out the facility's			
	olicies? 🔲 Ye	s 🗆 No			

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Resident Living Accommodations	Comments and Other Observations
<ul> <li>8. Did residents describe their living environment as homelike? ☐ Yes ☐ No</li> <li>9. Did you notice unpleasant odors in</li> </ul>	team observed that rooms are personalized
commonly used areas? ☐ Yes ☑ No 10. Did you see items that could cause harm or be hazardous? ☐ Yes ☑ No 11. Did residents feel their living areas were	
too noisy? ☐ Yes ☐ No  12. Does the facility accommodate smokers? ☐ Yes ☐ No	observed on patio
12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside & Outside. 13. Were residents able to reach their call	
bells with ease?  Yes  No  14. Did staff answer call bells in a timely & courteous manner?  Yes  No	not observed
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☐ No	unknown; however, wes have many optims related to activities
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  ☑ Yes □ No	
16a. Can residents access their monthly needs funds at their convenience?  ☑ Yes □ No	
17. Are residents asked their preferences about meal & snack choices?  ☐ Yes ☐ No	
17a. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No	
they prefer to dine? ☐ Yes ☐ No  18. Do residents have privacy in making and	
they prefer to dine? ☐ Yes ☐ No  18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No	
they prefer to dine? ☐ Yes ☐ No  18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No  19. Is there evidence of community involvement from other civic, volunteer	
they prefer to dine? ☐ Yes ☐ No  18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No  19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☐ No	
they prefer to dine? ☐ Yes ☐ No  18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No  19. Is there evidence of community involvement from other civic, volunteer	

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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.
Team agrees that no issues or topics need follow-up during next	
issues or topics need	
follow-up during next	
Visit.	