Community Advisory Committee Quarterly/Annual Visitation Report

County: BUNCOMBE CO.

Facility Type - [ ] Family Care Home [✓] Adult Care Home [ ] Nursing Home [ ] Combination Home

Facility Name: BECKY'S #1

Date: 3 | 19 | 14

Time Spent in Facility: 3 hr 15 min

Arrival Time: 10 : 30 [✓] am [ ] pm

Name of Person Exit Interview was held with: AMANDA EVANS

[ ] Phone [ ] Admn. [✓] SIC (Supervisor in Charge) [ ] Other staff

Interview was held [✓] In-Person

Rep: AMANDA EVANS (Name & Title)

Committee Members Present: DON DEIBERT, PAULA J. GARBER

Report Completed by: PAULA J. GARBER

Number of Residents who received personal visits from committee members: 2

Resident Rights Information is clearly visible. [✓] Yes [ ] No

Ombudsman contact information is correct and clearly posted. GAVE UPDATED SHEET [✓] Yes [ ] No

The most recent survey was readily accessible. (Required for Nursing Homes Only) [✓] Yes [ ] No

Staffing information is posted. [✓] Yes [ ] No

Resident Profile

			Comments & Other Observations
. Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No	
. Did residents say they receive assistance with personal care ctivities, *Ex. brushing their teeth, combing their hair, inserting entures or cleaning their eyeglasses?*	[✓] Yes	[ ] No	
. Did you see or hear residents being encouraged to participate their care by staff members?	[✓] Yes	[ ] No	
. Were residents interacting w/ staff, other residents & visitors?	[✓] Yes	[ ] No	
. Did staff respond to or interact with residents who had difficulty ommunicating or making their needs known verbally?	[✓] Yes	[ ] No	
. Did you observe restraints in use?	[ ] Yes	[✓] No	
. If no, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations

			Comments & Other Observations
. Did residents describe their living environment as homelike?	[✓] Yes	[ ] No	
. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No	
0. Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No	
1. Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No	
2. Does the facility accommodate smokers?	[✓] Yes	[ ] No	
2a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
3. Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No	
4. Did staff answer call bells in a timely & courteous manner?	[ ] Yes	[ ] No	
4a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

Resident Services

			Comments & Other Observations
5. Were residents asked their preferences or opinions about the ctivities planned for them at the facility?	[✓] Yes	[ ] No	
6. Do residents have the opportunity to purchase personal items f their choice using their monthly needs funds?	[✓] Yes	[ ] No	
6a. Can residents access their monthly needs funds at their onvenience?	[ ] Yes	[ ] No	
7. Are residents asked their preferences about meal & snack hoices?	[ ] Yes	[ ] No	
7a. Are they given a choice about where they prefer to dine?	[ ] Yes	[✓] No	
8. Do residents have privacy in making and receiving phone alls?	[✓] Yes	[ ] No	
9. Is there evidence of community involvement from other civic, olunteer or religious groups?	[ ] Yes	[ ] No	
0. Does the Facility have a Resident's Council?	[✓] Yes	[ ] No	

This Document is a **PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.**
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

ie next visit? • DINING ROOM KITCHEN AREA UNLOCKED • LAUNDRY ROOM UNLOCKED	any changes observed during the visit.

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