Community Advisory Committee Quarterly/Annual Visitation Report

County **Buncombe**	Facility Type - ❑ Family Care Home [X]❑Adult Care Home ❑ Nursing Home ❑ Combination Home	Facility Name Becky's 1
Visit Date 6/9/2015	Time Spent in Facility hrs min	Arrival Time am pm

Name of Person Exit Interview was held with Tenia Harris Interview was held [x] In-Person ❑Phone
Administrator
❑SIC(Supervisor in Charge) Other Staff Rep _____ *(Name &Title)*

Committee Members Present: Paula Garber, Don Streb	Report Completed by :Don Streb

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. [x] Yes ❑ No	Ombudsman contact information is correct and clearly posted. [x]Yes [ ]No
The most recent survey was readily accessible.xYes ❑ No *(Required for Nursing Homes Only)*	Staffing information is posted. [x] Yes ❑ No

Resident Profile	**Comments & Other Observations**
1. Do the residents appear neat, clean and odor free? [x] Yes ❑ No **2.** Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* [x] Yes ❑ No **3.** Did you see or hear residents being encouraged to participate in their care by staff members? [x] Yes ❑ No **4.** Were residents interacting w/ staff, other residents & visitors? [x] Yes ❑No **5.** Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [x] Yes ❑ No **6.** Did you observe restraints in use? ❑Yes [ ]No **7.** If so, did you ask staff about the facility's restraint policies? [ ] Yes ❑ No	• 7 Restraints not allowed, except if needed when I resident is in bed and it is for his/her safety

Resident Living Accommodations	**Comments & Other Observations**
8. Did residents describe their living environment as homelike? [x] Yes ❑No **9.** Did you notice unpleasant odors in commonly used areas? ❑Yes [x] No **10.** Did you see items that could cause harm or be hazardous? ❑Yes [x] No **11.** Did residents feel their living areas were too noisy? ❑Yes [x] No **12.** Does the facility accommodate smokers? [x] Yes ❑ No **12a.** Where? [x] Outside only ❑ Inside only ❑ Both Inside & Outside. **13.** Were residents able to reach their call bells with ease? [x] Yes ❑ No **14.** Did staff answer call bells in a timely & courteous manner? [ ] Yes ❑ No **14a.** If no, did you share this with the administrative staff? ❑ Yes ❑ No	• Did not see the system and action, again the facility is small and I believe that response time would be quick

Resident Services	**Comments & Other Observations**
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? x[ ] Yes ❑ No **16.** Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [x] Yes ❑ No **16a.** Can residents access their monthly needs funds at their convenience? [x] Yes ❑ No **17.** Are residents asked their preferences about meal & snack choices? [x] Yes ❑ No **17a.** Are they given a choice about where they prefer to dine? x❑ Yes [ ] No **18.** Do residents have privacy in making and receiving phone calls? [x] Yes ❑ No **19.** Is there evidence of community involvement from other civic, volunteer or religious groups? [x] Yes ❑ No **20.** Does the facility have a Resident's Council? [ ] Yes ❑ No Family Council? ❑Yes [ ] No	•

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? No areas of concern BOTH BECKY'S 1& 2 SEEM TO HAVE UNDERGONE BIG CHANGES. THIS IS MY 3rd VISIT THERE AND EACH TIME I HAVE OBSERVED IMPROVEMENTS IN CLEANLINESS, FRESH PAINT, STAFF ATTITUDE AND APPROACHABLILTY. RESIDENTS SEEM HAPPIER AS WELL	

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.