Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name:
	x	Adult Care Home		Family Care Home	Becky's 1
		Combination Home		Nursing Home	

Visit Date 10/0615		Time Spent in Facility		hr		Min 20	Arrival Time	10	:	35		x	am		pr

Person Exit Interview was held with:	Interview was held	x	(In-Person) or Phor (Circle)

Casey Griffin	x	SIC (Supervisor in Charge)		Other Staff: (Name & Title)	

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

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible.	x	Y		N	Ombudsman contact information is correct and clearly posted.	x	Yes		No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	x	Y		N	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	x	No	
7. If so, did you ask staff about the facility's restraint policies?	x	Yes		No	

Resident Living Accommodations					Comments & Other Observations
9. Did residents describe their living environment as homelike?	x	Yes		No	
0. Did you notice unpleasant odors in commonly used areas?		Yes	x	No	
0. Did you see items that could cause harm or be hazardous?		Yes	x	No	
1. Did residents feel their living areas were too noisy?		Yes	x	No	
2. Does the facility accommodate smokers?		Yes	x	No	
Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.					
3. Were residents able to reach their call bells with ease?	x	Yes		No	
4. Did staff answer call bells in a timely & courteous manner?	x	Yes		No	
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 activities planned for them at the facility?	x	Yes		No	
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	x	Yes		No	
Can residents access their monthly needs funds at their convenience?	x	Yes		No	
7. Are residents asked their preferences about meal & snack choices?	x	Yes		No	
Are they given a choice about where they prefer to dine?	x	Yes		No	
8. Do residents have privacy in making and receiving phone calls?	x	Yes		No	
9. Is there evidence of community involvement from other civic, volunteer or religious groups?	x	Yes		No	
0. Does the Facility have a Resident's Council?	x	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? Facility has shown much improvement. It would be helpful for non smokers if there was a different locaion for the smokers. Currently non smokers wanting to go outside have to pass through where the smokers are. This still applies Residents said they were very happy being there. Med training and Head to Toe training	Discuss items from *"Areas of Concern"* Section as well as any changes observed during the visit.

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**

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