

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	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 2
Visit Date 6/9/2015	Time Spent in Facility hrs :15 min	Arrival Time 10:20 am 10:35 pm
Name of Person Exit Interview was held with <u>Tenia Harris</u>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone
Administrator <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" 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

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> 7 Restraints not allowed. Exception is if needed to protect a resident while in bed.

Resident Living Accommodations	Comments & 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 & 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 & courteous manner? <input 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>	<ul style="list-style-type: none"> 14 No occasion to know. The facility is small so I would believe calls could and would be answered in a timely manner.

Resident Services	Comments & 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & 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 type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none">

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>Talked with residents and the comments were positive about the food and the care received</p>	

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.