

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:			Facility Name:									
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home	Becky's 1								
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home									
Visit Date 4/3/2017	Time Spent in Facility		h	10	Min	Arrival Time	1:5	:	G	<input type="checkbox"/>	<input type="checkbox"/>	am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with: Cheryl Vaughn						Interview was held	<input checked="" type="checkbox"/>	(In-Person) or Phone (Circle)						
Cheryl Vaughn		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)									
Committee Members Present: Don Streb, Paula Garbar,						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"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted.			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
The most recent survey was readily accessible. (Required for Nursing Homes Only)			<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Resident Profile						Comments & Other								
Observations														
1. Do the residents appear neat, clean and odor free?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No								
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No								

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

4. Were residents interacting w/ staff, other residents & visitors?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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7. If so, did you ask staff about the facility's restraint policies?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Living Accommodations Observations

Comments & Other

Do residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Do residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

☐ Outside only ☐ Inside only ☐ Both Inside and Outside.

Are residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
How, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

Are residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are residents asked their preferences about meal &				

ack choices?

x	Yes		No
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Are they given a choice about where they prefer to dine?

x	Yes		No
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residents have privacy in making and receiving phone calls?

x	Yes		No

Is there evidence of community involvement from either civic, volunteer or religious groups?

x	Yes		No

Does the Facility have a Resident's Council?

x	Yes		No
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Areas of Concern**Exit Summary**

11 out of 13 residents
No snacks or beverages out, given only when resident asks for a snack.
One resident is restricted on smokes because she would smoke back to back.

Discuss items from "Areas of Concern" Section as
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.