

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Becky's 2							
		<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home										
		<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home										
Visit Date 7/7/2018	Time Spent in Facility 15		h	r	Min	Arrival Time		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm		
Person Exit Interview was held with: Sherryl 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 Garber, Cathy Keckeley						Report Completed by: Don Streb							
Number of Residents who received personal visits from committee members: 3													
Resident Rights Information is clearly visible.				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.				<input type="checkbox"/> Yes	<input checked="" 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
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
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7. If so, did you ask staff about the facility's restraint policies?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Living Accommodations Observations	Comments & Other
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<p>8. Did residents describe their living environment as homelike?</p>	x	Yes		No	<p>Dining room has new tables and chairs</p> <p>Fall and winter menu still posted Good comments on the food.</p> <p>June Watkins has been here since March and do staff development</p> <p>3 empty private rooms</p>
<p>9. Did you notice unpleasant odors in commonly used areas?</p>		Yes	x	No	
<p>10. Did you see items that could cause harm or be hazardous?</p>	X	Yes		No	
<p>11. Did residents feel their living areas were too noisy?</p>		Yes	x	No	
<p>12. Does the facility accommodate smokers?</p>	x	Yes		No	
<p>Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.</p>					
<p>13. Were residents able to reach their call bells with ease?</p>	x	Yes		No	
<p>14. Did staff answer call bells in a timely & courteous manner?</p>	x	Yes		No	
<p>If no, did you share this with the administrative staff?</p>		Yes		No	

Resident Services	Comments & Other Observations
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<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</p>	x	Yes		No	
<p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</p>	x	Yes		No	
<p>Can residents access their monthly needs funds at their convenience?</p>	x	Yes		No	

17. Are residents asked their preferences about meal & snack choices?		Yes	X	No
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?	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	Discuss items from "Areas of Concern" Section a 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.