

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: The Crossings											
		<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home												
			Combination Home		Nursing Home												
Visit Date	08/30/18	Time Spent in Facility		hr	25	min	Arrival Time	10	:	30	<input checked="" type="checkbox"/>	am	<input checked="" type="checkbox"/>				
Person Exit Interview was held with: Nancy Rathbone							Interview was held	<input checked="" type="checkbox"/> (In-Person) or Phone (Circle)									
		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)			Jeff Gruber Marketing Tanya Crair Med Tec										
Committee Members Present: Jeri Hahner Bob Tomasulo							Report Completed by: Bob Tomasulo										
Number of Residents who received personal visits from committee members: 2																	
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 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	We only spoke to 2 residents as almost all were at movie event held there											
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 type="checkbox"/>	Yes	<input checked="" 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 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No												

Resident Living Accommodations					Comments & Other Observations
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Smoke free campus
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Not observed
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services					Comments & Other Observations
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	Menus offer several options.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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?

Discuss items from “*Areas of Concern*” Section as well as any changes observed during the visit.

Facility is in process of replacuing the Administrator.

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