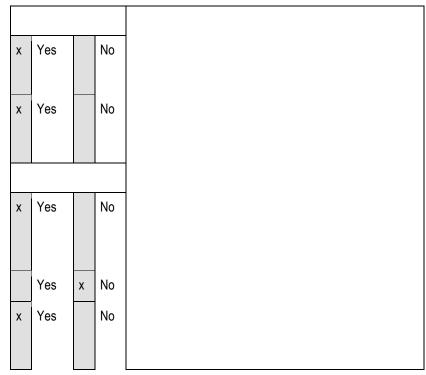
Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:							Facility Name:										
		x Adult Care Home			Family Care Home				Bec	ky's 1									
		Combination Home			Nursing Home														
		Time Spent in Facility			h r	1	5	Min	Arri Tim		10	:	30	3	k a	m	pm		
Pei	rson Exit Interview was	s held	d with: Cheryl Vauç	ghn						Interv held	iew wa	S	X	(In- Pho (Cir	ne		ı) or		
Cheryl Vaughn x			SIC (Supervisor in Charge)		0	ther	Sta	aff: (Na	ame å	& Title	;)								
Co	mmittee Members Pres	sent:									Repo	t Con	np	letec	l by	:			
Don Streb, Paula Garbar,											Don S	treb							
Nu	mber of Residents who	o rec	eived personal visi	ts fi	rom	com	mi	ttee m	emb	ers:									
Resident Rights Information isxYNclearly visible.							Ombudsman contact information is X Yes No Correct and clearly posted.												
aco	e most recent survey v cessible. <i>(Required for</i> mes Only)		-	N	s	Staffi	ng	inforn	natio	n is p	osted.			x	`	(es		No	
Ob	Resident Pr servations	ofile									C	omm	en	ts &	Otł	ner			
1.	Do the residents appea free?	ar nea	at, clean and odor	х	Yes	5		No											
 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> 					Yes	3		No											

- 3. Did you see or hear residents being encouraged to participate in their care by staff members?
- 4. Were residents interacting w/ staff, other residents & visitors?
- 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?
- 6. Did you observe restraints in use?
- 7. If so, did you ask staff about the facility's restraint policies?



Resident Living Accommodat Observations	ions				Comments & Other
l residents describe their living environment as nelike?	x	Yes		No	
I you notice unpleasant odors in commonly used as?		Yes	x	No	
you see items that could cause harm or be ardous?		Yes	x	No	
residents feel their living areas were too noisy?		Yes	x	No	
s the facility accommodate smokers?		Yes	x	No	
[] Outside only [] Inside only [] Both Inside	de ar] nd Out	side]	
e residents able to reach their call bells with e?	х	Yes		No	
staff answer call bells in a timely & courteous ner?	x	Yes		No	
, did you share this with the administrative staff?		Yes		No	
Resident Services					Comments & Other Observations
re residents asked their preferences or opinions out the activities planned for them at the facility?		Yes		No	
	x	163			
residents have the opportunity to purchase sonal items of their choice using their monthly		Vac		No	
ds funds?	x	Yes		No	4
Can residents access their monthly needs funds at heir convenience?	x	Yes		No	
residents asked their preferences about meal &					

ack choices?	x	Yes	No	
Are they given a choice about where they prefer to dine?	x	Yes	No	
residents have privacy in making and receiving				
one calls?	х	Yes	No	
here evidence of community involvement from		1		-
er civic, volunteer or religious groups?	х	Yes	No	
			NL	
es 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?	Discuss items from <i>"Areas of Concern"</i> Section as as any changes observed during the visit.
Facility has shown much improvement.	
It would be helpful for nonsmokers if there was a different location for the smokers. Currently nonsmokers wanting to go outside have to pass through where the smokers are. This still applies	
Residents said they were very happy being there.	
12 Residents out of 15 possible Tub room needs grouting around toilet.	
Certificate award	

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

DHHS DOA-022/2004