### County
Buncombe

### Facility Type:
- [x] Adult Care Home
- [ ] Family Care Home
- [ ] Nursing Home
- [ ] Combination Home

### Facility Name
Becky’s Rest Home #1

### Visit date
10/5/18

### Time Spent in Facility
- **Hr.** 20
- **Min**

### Arrival Time
- **Am** 12:40 PM

### Name of person Exit Interview was held with
Cheryl Vughn, Supervisor In Charge (Name & Title)

### Interview was held
- [x] In-Person
- [ ] Phone
- [ ] Admin
- [ ] SIC (Supervisor in Charge)
- [ ] Other Staff Rep

### Committee Members Present:
Bennett Lincoff, John Bernhardt

### Report completed by:
John Bernhardt

### Number of Residents who received personal visits from committee members:
2

### Resident Rights Information is clearly visible.
- [x] Yes
- [ ] No

### The most recent survey was readily accessible.
- [x] Yes
- [ ] No

(Required for Nursing Homes Only)

### Ombudsman contact information is correct and clearly posted.
- [x] Yes
- [ ] No

### Staffing information is posted.
- [x] Yes
- [ ] No

## Resident Profile

1. Do the residents appear neat, clean and odor free?  
   - [x] Yes
   - [ ] No

2. Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  
   - [x] Yes
   - [ ] No

3. Did you see or hear residents being encouraged to participate in their care by staff members?  
   - [x] Yes
   - [ ] No

4. Were residents interacting w/ staff, other residents & visitors?  
   - [x] Yes
   - [ ] No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
   - [x] Yes
   - [ ] No

6. Did you observe restraints in use?  
   - [ ] Yes
   - [x] No

7. If so, did you ask staff about the facility’s restraint policies?  
   - [ ] Yes
   - [x] No

### Comments and Other Observations

Half of the residents were eating lunch, then the other half went (not according to which home they lived in). Two were very able to talk, had a good perspective on the facility. Quite happy being there and the care they received. When the first lunch shift was leaving all helped others get through the single door.
## Community Advisory Committee Quarterly/Annual Visitation Report

### Resident Living Accommodations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>10. Did you see items that could cause harm or be hazardous?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>11. Did residents feel their living areas were too noisy?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>12. Does the facility accommodate smokers?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>12a. Where?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>- Outside only</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>- Inside only</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>- Both Inside &amp; Outside</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>13. Were residents able to reach their call bells with ease?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>14. Did staff answer call bells in a timely &amp; courteous manner?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>14a. If no, did you share this with the administrative staff?</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### Residential Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>20. Does the facility have a Resident's Council?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>- Yes</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>- No</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>20a. Does the facility have a Family Council?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>- Yes</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>- No</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### Comments and Other Observations

- Everything clean. No obstructions in the halls. The appropriate doors locked. Highly decorated for Halloween but some did block an attractive bean bag toss outside. To alert staff the rooms use lights in the hall rather than call bells.
- This is an isolated location surrounded by farm fields and cows, not near any stores for a quick trip other than Dollar General. Residents do not seem to mind and are taken out for activities, but it may make staff retention more difficult.

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<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>