### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- [X] Adult Care Home  
- [ ] Family Care Home  
- Combination Home  
- [ ] Nursing Home  

**Facility Name:** Crossings

**Visit date:** 12/12/2018  
**Time Spent in Facility:** 1 hr 20 min

**Arrival Time:** 1:00 pm

**Person Exit Interview was held with:** Ann Watts  
**Interview was held:** Yes  
**(In-Person) or Phone (Circle):**

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**Ann Watts**  
**SIC (Supervisor in Charge):**

**Other Staff: (Name & Title):** Spoke to several

**Committee Members Present:**
- Judy DeWitt
- Susan Stuart

**Report Completed by:**
- Judy DeWitt

**Number of Residents who received personal visits from committee members:** 7

**Resident Rights Information is clearly visible:** [X] Yes [ ] No

**Ombudsman contact information is correct and clearly posted:** [X] Yes [ ] No

**The most recent survey was readily accessible. (Required for Nursing Homes Only):**
- [ ] Yes
- [X] No

**Staffing information is posted:** [ ] Yes

**Comments & Other Observations**

1. **Do the residents appear neat, clean and odor free?**  
   - [X] Yes  
   - [ ] No  
   - **Placed very clean and no odors.**

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?**  
   - [ ] Yes  
   - [X] 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?**  
   - [ ] Yes  
   - [X] 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  
   - [ ] No  
   - [ ] No

**Several residents spoke to us. All spoke highly of the new administrator, Ann Watts. Staff also very please with her.**

**Did not see any residents having any difficulty**
<table>
<thead>
<tr>
<th>Resident Living Accommodations</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>X Yes No</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes X No</td>
</tr>
<tr>
<td>10. Did you see items that could cause harm or be hazardous?</td>
<td>Yes X No</td>
</tr>
<tr>
<td>11. Did residents feel their living areas were too noisy?</td>
<td>Yes X No</td>
</tr>
<tr>
<td>12. Does the facility accommodate smokers?</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.</td>
<td></td>
</tr>
<tr>
<td>13. Were residents able to reach their call bells with ease?</td>
<td>X Yes No</td>
</tr>
<tr>
<td>14. Did staff answer call bells in a timely &amp; courteous manner?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If no, did you share this with the administrative staff?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

2 call bells 2nd one in bathroom

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

Many activities available
Residents have their own money
Choices at every meal.
They have their own phones
Monthly meetings held.
<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. No</td>
<td>Atmosphere is very good now with new administrator. Were told by both staff members and residents that they are very pleased with new administrator and glad to get rid of last one. Everyone that we talked to was very friendly and helpful.</td>
</tr>
</tbody>
</table>