Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type:</th>
<th>Facility Name</th>
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<tbody>
<tr>
<td>Buncombe</td>
<td>□ Family Care Home</td>
<td>Becky's Rest Home #2</td>
</tr>
<tr>
<td></td>
<td>□ Adult Care Home</td>
<td></td>
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<tr>
<td></td>
<td>□ Nursing Home</td>
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<tr>
<td></td>
<td>□ Combination Home</td>
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<thead>
<tr>
<th>Visit date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
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<tbody>
<tr>
<td>5.14.19</td>
<td>Hr. 20 Min</td>
<td>12:00 Am PM</td>
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Name of person Exit Interview was held with Cheryl Vaughn, Resident Care Coordina (Name & Title)
Interview was held □ In-Person □ Phone □ Admin □ SIC (Supervisor in Charge) □ Other Staff Rep

Committee Members Present:

Bennett Lincoff, Paula Garber

Report completed by:

Bennett Lincoff

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

Resident Rights Information is clearly visible. □ Yes □ No

Ombudsman contact information is correct and clearly posted. □ Yes □ No

The most recent survey was readily accessible. □ Yes □ No

(Required for Nursing Homes Only)

Staffing information is posted. □ Yes □ No

Resident Profile

1. Do the residents appear neat, clean and odor free? □ 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? □ Yes □ No

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

4. Were residents interacting w/ staff, other residents & visitors? □ Yes □ No

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

6. Did you observe restraints in use? □ Yes □ No

7. If so, did you ask staff about the facility’s restraint policies? □ Yes □ No

Comments and Other Observations

We had an extensive conversation with one resident who specifically remembered that she and I had spoken during an earlier visit. This resident had nothing but praise for the care she receives at Becky’s. She particularly noted the many opportunities to "go out into the community," which meant going on excursions such as to the local library or the Dollar Store. She also said that the food was good. The facility was very clean.

Ms. Vaughn is passionate about her work and shows tremendous compassion for the people in her care. I am in a high level of quality care for the residents living here.

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

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

At both Becky's #1 and Becky's #2, there was confusion regarding the posting of the most current Ombudsman Contact Information Sheet. In both facilities, a current and an out of date information sheet were both on display: the current sheet on the bulletin board; and the out of date sheet on the door to the call box where the Community telephone is stored. Ms. Vaughn was surprised to learn that information sheets were displayed on the call boxes. She and I agreed that I would bring her two additional information sheets for display on the call boxes.

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