

*(Handwritten initials)*

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:		<b>Chunn's Cove</b>											
		<input checked="" type="checkbox"/> Adult Care Home								Family Care Home					
		Combination Home								Nursing Home					
Visit Date 1/11/2018	Chun's Cove	Time Spent in Facility minutes 20min.	h r	20	min			:	11			am	X	pm	
Person Exit Interview was help held with Beth Parker											Interview was held	(xIn-Person) or Phone (Circle)			
		SIC (Supervisor in Charge)		Other Staff: (Name & Title) Becky Rice											
Committee Members Present: Don Streb, Paula Garber											Report Completed by: Don Streb				
Number of Residents who received personal visits from committee members:															
						<input checked="" type="checkbox"/>									
						<input checked="" type="checkbox"/>									
Resident Profile											Comments & Other				
Observations															
1. Do the residents appear neat, clean and odor free?				Yes	X	No									

personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Were residents interacting w/ staff, other residents & visitors?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

6. Did you observe restraints in use?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

7. If so, did you ask staff about the facility's restraint policies?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Resident Living Accommodations Observations**

**Comments & Other**

Did residents describe their living environment as melike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
? [ <input checked="" type="checkbox"/> ] Outside only [ <input type="checkbox"/> ] Inside only [ <input type="checkbox"/> ] Both Inside and Outside.				
Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Also, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Resident Services**

**Comments & Other Observations**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

ack choices?

Are they given a choice about where they prefer to dine?

Does the Facility have a Resident's Council?

	Yes	X	No
x	Yes		No
x	Yes		No
x	Yes		No
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?

Dining room locked. No menus posted

Very strong order as soon as we entered the residence hall.

Floor in room 3 is extremely sticky

New administrator Becky Rice

The Alzheimer's unit is the only area without a urine smell

In Alzheimer's unit shower room not locked.

Rooms in Alzheimer's unit are keep in much better shape than in the assisted area

The resident we most wanted to talk with, the individual who recently had some issues, was fast asleep.

The person on duty spoke with us and said the person was on proper meds and doing better

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

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

