

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type: Adult Care Home		Family Care Home		Chunn's Cove				
		Combination Home		Nursing Home						
Visit Date 09/15/17	Chun's Cove	Time Spent in Facility minutes	h r	min 20	:	1 0 4 0	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm		
Person Exit Interview was held with: Nancy Rathbone					Interview was held	(xIn-Person) or Phone (Circle)				
SIC (Supervisor in Charge)		Other Staff: (Name & Title)								
Committee Members Present: Don Streb, Paula Garber,						Report Completed by: Don Streb				
Number of Residents who received personal visits from committee members: 0										
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Resident Profile						Comments & Other				
Observations										
1. Do the residents appear neat, clean and odor free?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No				
2. Did residents say they receive assistance with			<input type="checkbox"/>		<input type="checkbox"/>					

Commented [1]:

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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3. Did you see or hear residents being encouraged to participate in their care by staff members?

<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
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5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Did you observe restraints in use?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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 homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" 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
e? <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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Were residents asked their preferences about meal &	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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 "Areas of Concern" Section as well as any changes observed during the visit.

Suggest the hallway carpets be cleaned
Room 6 could use help getting organized, so much stuff on the floor that it is a risk factor
Smoking patio needs a through cleaning
Personal person who was unhappy before said new staff are being hired and things are better
New management staff doing a good job with new hires.

Memory Care floor very sticky

There seems to be a defense attitude when suggestions or areas of concern are raised

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