

Community Advisory Committee Quarterly/Annual Visitation Report

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|---|-------------|---|-------------------|---|-----------------------------|---|----|--|--------------------------|---|-----------------------------|--------------------------|-------------------------------------|----|
| County: Buncombe | | Facility Type: | | | | Chunn's Cove | | | | | | | | |
| | | Adult Care Home | Family Care Home | | | | | | | | | | | |
| | | Combination Home | Nursing Home X | | | | | | | | | | | |
| Visit Date 8/7/2018 | Chun's Cove | Time Spent in Facility 40 Minutes | | h | r | Min | 40 | : | <input type="checkbox"/> | <input checked="" type="checkbox"/> | am | <input type="checkbox"/> | <input checked="" type="checkbox"/> | pm |
| Person Exit Interview was help held with Beth Parker Administrator Becky Rice | | | | | | | | Interview was held | | (xIn-Person) or Phone (Circle) | | | | |
| | | | | | | | | | | | | | | |
| | | SIC (Supervisor in Charge) Becky Rice | | Other Staff: (Name & Title) | | | | | | | | | | |
| Committee Members Present: Don Streb, Paula Garber, Cathy Keckeley | | | | | | | | Report Completed by: Don Streb | | | | | | |
| Number of Residents who received personal visits from committee members: | | | | | | | | | | | | | | |
| 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. <i>(Required for Nursing Homes Only)</i> | | | | <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 | Entry way has been relandscaped. Entry Hall bath has new flooring as well as new carpet in hallway | | | | | | | | |
| 2. Did residents say they receive assistance with | | | | | | | | | | | | | | |

| | | | | | |
|--|---|-----|---|----|--|
| <p>personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i></p> | x | Yes | | No | <p>Eye wash and laundry room door locked.</p> |
| <p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> | | | | | <p>Menus for the day are posted. Dining room has been painted and has new carpet.</p> |
| <p>4. Were residents interacting w/ staff, other residents & visitors?</p> | x | Yes | | No | <p>Need to post advocate sheet.</p> |
| <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> | x | Yes | | No | <p>Activity schedule loose on nurses desk. No work schedule posted</p> |
| <p>6. Did you observe restraints in use?</p> | x | Yes | | No | <p>Cigarettes are now distributed on a schedule</p> <p>Cindy Morrison, team health, psychiatry Doctor visits every two weeks</p> |
| <p>7. If so, did you ask staff about the facility's restraint policies?</p> | | | | | <p>Appears that all records are now computerized.</p> |
| <p>6. Did you observe restraints in use?</p> | | Yes | x | No | <p>Urine smell strong by rooms 16, and 17</p> |
| <p>7. If so, did you ask staff about the facility's restraint policies?</p> | x | Yes | | No | <p>59 residents out of 63</p> |

Resident Living Accommodations Observations

Comments & Other

| | | | | |
|---|-------------------------------------|-----|-------------------------------------|----|
| residents describe their living environment as they like? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| do you notice unpleasant odors in commonly used areas? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| do you see items that could cause harm or be hazardous? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| do residents feel their living areas were too noisy? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| is the facility accommodate smokers? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Outside only Inside only Both Inside and Outside.

| | | | | |
|--|-------------------------------------|-----|--------------------------|----|
| are residents able to reach their call bells with ease? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| do staff answer call bells in a timely & courteous manner? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| if yes, did you share this with the administrative staff? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Resident Services

Comments & Other Observations

| | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| do 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 |
| do residents asked their preferences about meal & beverages? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

ck choices?

| | | | |
|--|-----|---|----|
| | Yes | X | No |
|--|-----|---|----|

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

| | | | |
|---|-----|--|----|
| x | Yes | | No |
|---|-----|--|----|

Residents have privacy in making and receiving phone calls?

| | | | |
|---|-----|--|----|
| | | | |
| x | Yes | | No |

Is there evidence of community involvement from staff or civic, volunteer or religious groups?

| | | | |
|---|-----|--|----|
| | | | |
| x | Yes | | No |

Does the Facility have a Resident's Council?

| | | | |
|---|-----|--|----|
| x | Yes | | 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.

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