### Community Advisory Committee Quarterly/Annual Visitation Report

**County**: Buncombe  
**Facility Type**: Family Care Home  
**Facility Name**: Churns Cove  
**Visit Date**: 3-7-19  
**Time Spent in Facility**: 1 hr 10 min  
**Arrival Time**: 4:17 pm  
**Name of Person Exit Interview was held with**: Becky Rice  
**Other Staff Rep**: Admin (Name & Title)  
**Number of Residents who received personal visits from committee members**: 9  
**Resident Rights Information is clearly visible**: Yes  
**The most recent survey was readily accessible**: Yes  
**Staffing information is posted**: Yes  
**Ombudsman contact information is correct and clearly posted**: Yes

#### Resident Profile

1. **Do the residents appear neat, clean and odor free?** Yes  
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  
3. **Did you see or hear residents being encouraged to participate in their care by staff members?** Yes  
4. **Were residents interacting with staff, other residents & visitors?** Yes  
5. **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?** Yes  
6. **Did you observe restraints in use?** Yes  
7. **If so, did you ask staff about the facility's restraint policies?** Yes

#### Resident Living Accommodations

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

#### Resident Services

17. **Were residents asked their preferences or opinions about the activities planned for them at the facility?** Yes  
18. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** Yes  
19. **Can residents access their monthly needs funds at their convenience?** Yes  
20. **Are residents asked their preferences about meal & snack choices?** Yes  
21. **Are they given a choice about where they prefer to dine?** Yes  
22. **Do residents have privacy in making and receiving phone calls?** Yes  
23. **Is there evidence of community involvement from other civic, volunteer or religious groups?** Yes  
24. **Does the facility have a Resident's Council?** Yes  
25. **Family Council?** Yes

#### Areas of Concern

- **Are there resident issues or topics that need follow-up or review at a later time or during the next visit?** Yes  
  - We need to check on next time  
  - Choice in dining area  
  - Choice in phone calls  
  - Need for extra money

#### Exit Summary

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

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This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.  
**Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.