

Community Advisory Committee Quarterly/Annual Visitation Report

County Bucks Co		Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Family Care Home Nursing Home		Facility Name: Chunnis Cove	
Date 3 19 14		Time Spent in Facility 1/2 hr <input type="checkbox"/> min		Arrival Time 9:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other staff	
Name of Person Exit Interview was held with LATANYA KELLY		SIC (Supervisor in Charge)		Other staff		Report Completed by: PAULA J. GARBER	
Phone		Admn.		SIC (Supervisor in Charge)		Other staff	

Supervisor: **LATANYA KELLY** (Name & Title)

Committee Members Present: **Don Deibert, Paula Garber**

Number of Residents who received personal visits from committee members: **3**

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No
GAVE UPDATED SHEET

The most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did residents say they receive assistance with 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	
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	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
5. 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	
5. 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	
3a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

ie next visit?

no report of incident during
visit. *for info. not needed for case*

Discuss in detail in "Points of Concern" Section as well as any changes observed during the visit.

(State secondary) -

- noted by *for info. not needed for case*
- "supervised" *for info. not needed for case*