Community Advisory Committee Quarterly/Annual Visitation Report

County **Buncombe**	Facility Type - ❑ Family Care Home X❑Adult Care Home ❑ Nursing Home ❑ Combination Home	Facility Name Chuums Cove
Visit Date 6/9/2015	Time Spent in Facility hrs 30 min	Arrival Time 9 am 9:30 pm

Name of Person Exit Interview was held with Tanya Kelly Interview was held x In-Person ❑Phone
Administrator
❑SIC(Supervisor in Charge) Other Staff Rep _____ (*Name &Title)*

Committee Members Present: Paula Garber, Don Streb	Report Completed by: Don Streb

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. x Yes ❑ No	Ombudsman contact information is correct and clearly posted. xqYes No
The most recent survey was readily accessible.x❑Yes ❑ No *(Required for Nursing Homes Only)*	Staffing information is posted. Yes ❑ No

Resident Profile	**Comments & Other Observations**
1. Do the residents appear neat, clean and odor free? x Yes ❑ No **2.** Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* x Yes ❑ No **3.** Did you see or hear residents being encouraged to participate in their care by staff members? x Yes ❑ No **4.** Were residents interacting w/ staff, other residents & visitors? x Yes ❑No **5.** Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? x Yes ❑ No **6.** Did you observe restraints in use? ❑Yes x No **7**. If so, did you ask staff about the facility's restraint policies?x Yes ❑No	•

Resident Living Accommodations	**Comments & Other Observations**
8. Did residents describe their living environment as homelike? x Yes ❑No **9.** Did you notice unpleasant odors in commonly used areas? ❑Yes x No **10.** Did you see items that could cause harm or be hazardous? ❑Yes x No **11.** Did residents feel their living areas were too noisy? ❑Yes x No **12.** Does the facility accommodate smokers? x Yes ❑ No **12a.** Where? x Outside only ❑ Inside only ❑ Both Inside & Outside. **13**. Were residents able to reach their call bells with ease? xq Yes ❑ No **14**. Did staff answer call bells in a timely & courteous manner? Yes ❑ No **14a**. If no, did you share this with the administrative staff? ❑ Yes ❑ No	• Do not know response time as the occasion. • No resident comment regarding this

Resident Services	**Comments & Other Observations**
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes x❑ No **16.** Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? x Yes ❑ No **16a**. Can residents access their monthly needs funds at their convenience? x Yes ❑ No **17.** Are residents asked their preferences about meal & snack choices? Yes ❑ No Not sure **17a.** Are they given a choice about where they prefer to dine? x❑ Yes No **18.** Do residents have privacy in making and receiving phone calls? Yes ❑ No **19.** Is there evidence of community involvement from other civic, volunteer or religious groups? x Yes ❑ No **20.** Does the facility have a Resident's Council? Yes ❑ No Family Council? ❑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? No real areas of concern. The facility looked clean, the residents seemed cheerful and content. Spoke with some folks and all were pleasant and responded positively	

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.