Community Advisory Committee Quarterly/Annual Visitation Report

County: Wake	Facility Type: ☐ Family Care Home ☐ Nursing Home ☒ Adult Care Home	Facility Name/Address: Coventry House of Zebulon, 1205 West Gannon St., Zebulon
Visit Date: 9 /14 / 2022	Time spent in facility: hr 30 min	Arrival time: 11:30 ☒ am ☐ pm
Name of person exit interview was held with: Business Office Manager ☐ Admin. ☐ SIC (Supervisor in Charge) ☒ Other Staff Rep.		Interview was held: ☐ in Person ☒ Phone
Committee Members Present: Two Volunteers		Report Completed by: Volunteer
Number of Residents who received personal visits from committee members: 5		
Resident Rights Information is clearly visible: ☒ Yes ☐ No		Ombudsman Contact Info is correct and clearly posted: ☒ Yes ☐ No
The most recent survey was readily accessible: ☐ Yes ☐ No (*Required for Nursing Homes Only*)		Staffing information clearly posted: ☐ Yes ☒ No

Resident Profile	Yes/No/NA	Comments/Other Observations
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	We visited the facility at lunch time. We observed that all of the staff, including maintenance, assisted residents to enter the dining room and get seated for lunch.
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?	No	
7. If so, did you ask staff about the facility's restraint policies?		

Resident Living Accommodations	Yes/No/NA	Comments/Other Observations
8. Did residents describe their living environment as homelike?	Yes	We observed that resident rooms were decorated with residents' personal property.
9. Did you notice unpleasant odors in commonly used areas?	No	
10. Did you see items that could cause harm or be hazardous?	No	
11. Did residents feel their living areas were too noisy?	NA	No residents complained to us that their living areas were too noisy.
12. Does the facility accommodate smokers? Where? ☒ Outside only ☐ Inside only ☐ Both Inside/Outside	Yes	
13. Were residents able to reach their call bells with ease?	NA	We did not observe residents using call bells.
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?		

Resident Services	Yes/No/NA	Comments/Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		We did not ask whether resident preferences were taken account in planning activities. In a private conversation, one resident stated that she did not enjoy the activities offered by the facility.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	NA	

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?	Yes No	Staff told us that residents who don't want the entrée on the menu are offered an alternative, such as a sandwich or other item available in the kitchen. Residents sit at assigned seats in the dining room. Staff explained that seats are assigned based on their knowledge of each resident's characteristics. Dietary staff deliver place settings and meals to each resident after seating.
18. Do residents have privacy in making and receiving phone calls?	NA	We did not observe any resident making a phone call.
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	The activity calendar showed some church-sponsored events.
20. Does the facility have a Resident's Council? Family Council?	Yes	The Residents Council meeting was listed on the activity calendar.
Areas of Concern	**Yes/No/NA**	**Exit Summary**
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Resident activities		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit We noted that the activity calendar listed one, two or three events per day. The events on most Saturdays and Sunday were described as "Weekend Activity Book." We found a paper book with that label attached to the calendar.