

## Community Advisory Committee Quarterly /Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Facility Name</b> Richmond Hill Rest Home #5									
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home										
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home										
<b>Visit Date</b>	Nov.30, 2017	<b>Time Spent in Facility</b>		0	H	10	min	<b>Arrival Time</b>	10	:	40	<input checked="" type="checkbox"/>	a	m	pm
Person Exit Interview was held with: Dawn Odette/SIC and Starla Fore/Admin								Interview was held		<input checked="" type="checkbox"/>		In-Person or xxx circle)			
Dawn Odette		<input checked="" type="checkbox"/> SIC(Supervisor in Charge)		Other Staff: (Name & Title)			Administrator Starla Fore								
<b>Committee Members Present:</b> Judy Dewitt   Jeri Hahner   Bob Tomasulo										<b>Report Completed by</b> Jeri Hahner					

Number of Residents who received personal visits from committee members: three

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
The most recent survey was readily accessible. <i>(Required for Nursing Homes Only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N	Staffing information is posted. Did not observe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observation
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>All Male residents. Ten – ranging in age from 38 – 70</p> <p>_____ a couple of residents need minimal aid.</p> <p>_____ Did not observe</p> <p><b>addendum</b> <i>(in RH #4 staff responded to a resident need who had difficulty communicating)</i></p> <p>_____ did not observe in RH # 5</p>
<p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i></p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>4. Were residents interacting w/ staff, other residents &amp; visitors?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	

**Resident Living Accommodations**

**Comments & Other Observations**

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Fresh fruit available. Living room with comfortable seating.  
**Only a delicious odor of Garlic wafting in the air upon our arrival.**

\_\_\_ Did not observed

**Resident Services**

**Comments & Other Observations**

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

\_\_\_ **Activities planned based on participation. In Nov there was a well attended dance held.**

\_\_\_ **Scheduled disbursement**

**State mandated nutrition guidelines. One resident is Diabetic and restricted to a diet.**

\_\_\_ **Did not make note of that on Activity calendar.**

\_\_\_ **Residents are able to freely discuss concerns with SIC or Administrator**

**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.

The Home was clean and the ambiance was pleasant. The noon meal was in the process of being prepared (and smelled WONDERFUL)!! No issues were apparent on our visit.

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

