

Community Advisory Committee Quarterly/Annual Visitation Report

County: Duncombe		Facility Type:			Facility Name:					
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Richmond Hills Rest Home #4						
Visit Date 6/11/2018		Time Spent in Facility							Arrival Time	
					hr	15	min	10	:	50
Person Exit Interview was held with: Stara Fore							Interview was held		<input checked="" type="checkbox"/> (In-Person) or Phone (Circle)	

SIC (Supervisor in Charge)		Other Staff: (Name & Title)	
Judy Wolfe SIC		Tanya Crair Med Tec	
Committee Members Present: Judy DeWitt, Jeri Hahner Bob Tomasulo			Report Completed by: Judy DeWitt

Number of Residents who received personal visits from committee members: 2

Resident Rights Information is clearly posted. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	11 residents 4 men All waiting for their money and going shopping. Did not discuss this with residents. None seemed to need assistance. Didn't observe Did not observe but no residents seem to have difficulty with communicating.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. 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

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. Do 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
<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

Resident Services

Comments & Other Observations

15. 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
16. 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
Do 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 to dine?	<input checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

They can get options for meals. Staff seems careful with serving healthy meals.

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time during the next visit?

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

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