

Community Advisory Committee Quarterly /Annual Visitation Report XXXXX

County: Buncombe		Facility Type:				Facility Name							
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home		RICHMOND HILL #5							
		Combination Home		Nursing Home									
Visit Date	6-11-'18	Time Spent in Facility		0	H	15	min	Arrival Time	11	:	15	<input checked="" type="checkbox"/> a	pm
Person Exit Interview was held with: SIC TIFFANY LYTLE								Interview was held		<input checked="" type="checkbox"/> In-Person or xxx circle)			
TIFFANY LYTLE		SIC(Supervisor in Charge)		Other Staff: (Name & Title)				ADMINISTRATOR					
Committee Members Present: Judy DeWitt, Jeri Hahner, Bob Tomasulo								Report Completed by Jeri Hahner					

Number of Residents who received personal visits from committee members:
3-4 RESIDENTS/ POSITIVE FEEDBACK

Resident Rights Information is clearly visible.	<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. Did not observe	<input type="checkbox"/> Yes	<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>11 RESIDENTS – ALL MALE AGE RANGE 30s to 65 or so.</p> <p>1 resident needs assistance. Others as necessary.</p> <p>Did not observe the necessity</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 checked="" type="checkbox"/> No </p>	
<p>4. Were residents interacting w/ staff, other residents & 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 checked="" 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? Yes No
 - 9. Did you notice unpleasant odors in commonly used areas? Yes No
 - 10. Did you see items that could cause harm or be hazardous? Yes No
 - 11. Did residents feel their living areas were too noisy? Yes No
 - 12. Does the facility accommodate smokers? Yes No
- Where? Outside only Inside only Both Inside and Outside.

The facility was very clean. There was evidence of personal touches added to the ambiance.

All doors to Laundry, cleaning supplies, etc were locked.

- 13. Were residents able to reach their call bells with ease? Yes No
- 14. Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

DID NOT OBSERVE THE NEED FOR RESPONSE TO CALL BELLS.

Resident Services

Comments & Other Observations

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer 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? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

TODAY WAS "PAY DAY". MONIES WERE BEING DISTRIBUTED AND RESIDENTS WERE BEING TAKEN SHOPPING.

The Administration pays for Pharmacy Bills for the residents. That permits them to have full use of their \$66 allotment. Very thoughtful and generous!!!!

MEAL ARE DIETARY MANDATED BY THE STATE. There is 1 Diabetic Diet Resident, and 1 diet portion control Resident. EAT IN ROOMS ONLY IF UNABLE TO GET TO THE DINING ROOM

INFORMAL OPEN DISCUSSIONS FOR OPINIONS AND SUGGESTIONS.

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.

WE MADE NOTE OF A LOW STAR RATING (2 STARS/ 87.50%)
HOWEVER, COMPLIANCE OF THE SITUATION HAS BEEN MADE AND
THE RATING IS NOW 102.50. THE CERTIFICATE HAD NOT BEEN
POSTED YET.

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

DHHS DOA-022/2004

