

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Visit Date: <u>6/8/2018</u>	<b>Facility Type:</b>		<b>Facility Name:</b>	
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Riverside Village "G"</u>	
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
Time Spent in Facility: _____ hr <u>20</u> min		Arrival Time: <u>10</u> : <u>40</u> : <u>am</u> pm		
Name of Person Exit Interview was held with: _____				Interview was held: <input checked="" type="checkbox"/> In-Person
Name: <u>Patricia Fisher / Rhonda</u>				Phone: _____
Title: Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)		Other staff <input type="checkbox"/>		
Committee Members Present: <u>Mary Adams, Marquelatto, Anne Minks</u>				Report Completed by: <u>Anne Minks</u>
Number of Residents who received personal visits from committee members: <u>Two (2)</u>				

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

### Resident Profile

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" 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 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
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

### Comments & Other Observations

Care and attention is apparent in all four homes. Quality of care is evident.

### Resident Living Accommodations

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
12a. 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 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
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Comments & Other Observations

This home has 6 men, of varying age. There is evidence of friendship, camaraderie and even family members sharing a room. Interviewed residents outside their rooms.

### Resident Services

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
16a. 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
17a. 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

### Comments & Other Observations

Short visits in each home as the residents and staff were preparing for an outing. Some residents were talking about an upcoming vacation to Myrtle Beach. He mentioned some very entertaining planned activities. They took this same trip last year. He was looking very forward!

**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.

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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