

Community Advisory Committee Quarterly/Annual Visitation Report

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|---|---|---|-------------------------------------|--|-------------------------|---|--|--|
| County: Buncombe | Facility Type: | | | | Facility Name: | | | |
| | <input checked="" type="checkbox"/> Adult Care Home | <input type="checkbox"/> Family Care Home | | | Richmond Hill #4 | | | |
| | <input type="checkbox"/> Combination Home | <input type="checkbox"/> Nursing Home | | | | | | |
| Visit Date 03/19/18 | Time Spent in Facility | | hr | 10 | min | Arrival Time | | 11 : 35 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| Person Exit Interview was held with: Tonya Craig | | | | | | Interview was held | | <input checked="" type="checkbox"/> In-Person or Phone (Circle) |
| SIC (Supervisor in Charge) | | | <input checked="" type="checkbox"/> | Other Staff: (Name & Title) | | Med tech | | |
| Committee Members Present: Bob Tomasulo, Jeri Hahner, Judy Dewitt | | | | | | Report Completed by: Bob Tomasulo | | |

| | | | |
|---|--|---|---|
| Number of Residents who received personal visits from committee members: | | | |
| 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. | <input checked="" 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 |
| 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> | <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 checked="" 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 checked="" 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 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. Did residents feel their living areas were too noisy? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 12. Does the facility accommodate smokers? Where? [x] Outside only [] Inside only [] Both Inside and Outside. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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? If no, did you share this with the administrative staff? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Facility was exceptionally clean.

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? 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 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"/> <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20. Does the Facility have a Resident's Council? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

The 3 residents we spoke to were all very satisfied with the facility.

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.

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

