Community Advisory Committee Quarterly Visitation Report

County: Buncombe				Fac	Facility Type:					Facility Name Richmond Hill #2					
X		Ac	dult C	Care Home			Family Care Home								
Combination Home						Nursing Home									
1.						mi n	Ar riv al Ti m e	10	·	20)	(am		pm
Person Exit Interview was held with: Denise Gschlecht Property Manager				ew w	as he	ld	X				In-F		son or	xxx	
Tamera Pierson X SIC(Super visor in Charge)							Sta	her aff: ame (le)	&						
	Committee Members Present: Judy DeWitt, Jeri Hahner, Bob							ort C ri Hah		eted by	1		-		
Number of Residents	Resident	s who	o rec	eivec	l pers	sonal	visits	from	ı con	nmittee	mem	ber	s: Spo	ke to	3

Resid ent Rights Inform ation is clearly visible	X	Y	N	Ombu dsman contac t inform ation is correc t and clearly poste d.	X	Yes	No
The				Staffin g inform			

					6 Male and 6 Female Residents ranging in age approx. 40s -70s
1.	Do the resid ents appe ar neat, clean and odor	X	Yes	No	1 Resident needs enhanced care. A couple of Residents use Oxygen.
	free?				Did not observe We were abl to engage 3 Residents in conversation Greeted some others
1.	assista activitie combin	ance with p es, Ex. bru ng their hai	they receive ersonal care shing their teeth, r, inserting dentures eyeglasses?		Some others

No

Yes

X

1.		ed to	hear residents participate in thers?				
			Yes			No	
1.	Were resident s interacti ng w/ staff, other resident s & visitors?	X		Yes			No
1.	residents	who l cating	nd to or interact nad difficulty or making thei ?				
X			Yes			No	
1.	Did you observe restraint s in use?			Yes	Х		No

1. If so, did you ask staff about the facility's restraint policies?		Yes		No
--	--	-----	--	----

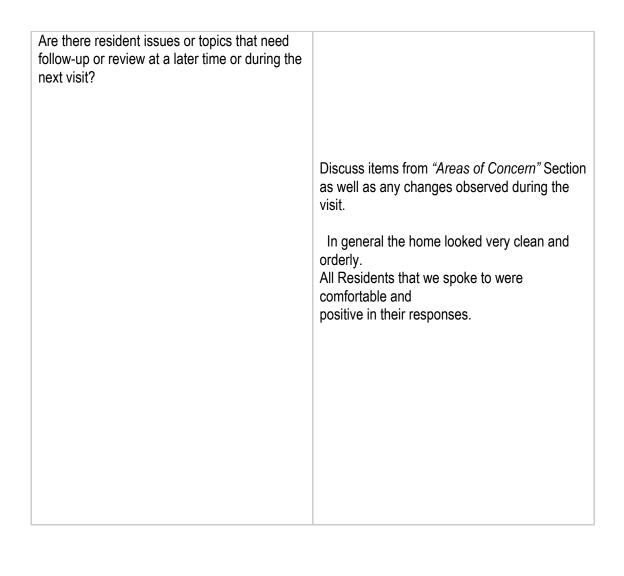
1.	Did resid ents descr ibe their living envir onme nt as home	X	Yes	No	Lots of fresh fruit and some snacks were available for the Residents. Smoking seems to be
	onme nt as				
					Did not observe

1.	Did you notice unpleas ant odors in common ly used areas?		Yes	X	No
1.	Did you see items that could cause harm or be hazardo us?		Yes	X	No
1.	Did resident s feel their living areas were too noisy?		Yes	X	No
1.	Does the facility accomm odate smokers ?	X	Yes		No

1. Were resident s able to reach their call bells with ease?	X	Yes	No
1. Did staff answer call bells in a timely & courteou s manner?		Yes	No
If no, did you share this with the administrative staff?		Yes	No

			There was evidence of participation in the Arts and Crafts that was a scheduled activity.
their pro opinions activitie	esidents asked eferences or a about the s planned for the facility?		In some circumstances meals in the room are OK Menus are planned for Adult Care Homes to meet certain requirements. However, there were food substitutions listed that could be chosen. Fresh fruit in abundance!!
			Did not pay attention to the Activity Calendar for that. Whether well attended is another matter.
v	Yes		No
purchas	dents have the se personal iten using their mon	ns of their	
X	Yes		No

X	X Yes							No	
	Are residents asked their preferences about meal & snack choices?								
		Yes						No	
Are they given a choice about where they prefer									No
Do residen and receivi				naking					
X		Yes			No				
Is there even involvement or religious	nt fro	m other							
		Yes						No	
1. Does the Facility have a Resident 's Council?	Yes					No			



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

DHHS DOA-022/2004