

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 HILLS REST HOME #3 | | | | | | | | | |
| | <input type="checkbox"/> Combination Home | <input type="checkbox"/> | Nursing Home | | | | | | | | | | | |
| Visit Date 3.9.2017 | Time Spent in Facility | | 0 | H | 15 | min | Arrival Time | 11 | : | 0 | 0 | <input checked="" type="checkbox"/> a | <input type="checkbox"/> m | <input type="checkbox"/> pm |

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|--|--|--|--|--|--|--|-------------------------------------|--|-------------------------------------|---------------------------------|
| Person Exit Interview was held with: TONYA CRAIG Sic STARLA FORE Admin | | | | | | | Interview was held in person | | <input checked="" type="checkbox"/> | In-Person or xxx circle) |
|--|--|--|--|--|--|--|-------------------------------------|--|-------------------------------------|---------------------------------|

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|-------------|---------------------------|-----------------------------|
| Tonya Craig | SIC(Supervisor in Charge) | Other Staff: (Name & Title) |
|-------------|---------------------------|-----------------------------|

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|---|---|
| Committee Members Present: JUDY DEWITT, JERI HAHNER, BOB TOMASULO | Report Completed by JERI HAHNER |
|---|---|

Number of Residents who received personal visits from committee members: 2 - 4 seemed content

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|---|---------------------------------------|----------------------------|--|------------------------------|-----------------------------|
| Resident Rights Information is clearly visible. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Ombudsman contact information is correct and clearly posted. NEW TEAM MEMBER LIST WAS POSTED | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---------------------------------------|----------------------------|--|------------------------------|-----------------------------|

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|--|----------------------------|----------------------------|---|---|-----------------------------|
| 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|----------------------------|----------------------------|---|---|-----------------------------|

| Resident Profile | Comments & Other Observation |
|--|--|
| 1. Do the residents appear neat, clean and odor free? | <p>THERE ARE 12 RESIDENTS - 3 MEN / 9 WOMEN APPROXIMANT AGES 40s - 80s</p> <p>3 Residents need some help showering.</p> <p>Laundry room, Hazard room, Mop room, Linen room, were all locked. Meds were locked.</p> <p>All Security Lights were functional.</p> |
| 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | |
| 4. Were residents interacting w/ staff, other residents & visitors? | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | |
| 6. Did you observe restraints in use? | |
| 7. If so, did you ask staff about the facility's restraint policies? | |

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.

THINGS SEEMED IN VERY GOOD ORDER.

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