

08

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home			Facility Name: Richmond Hills #1						
Visit Date 6/4/19		Time Spent in Facility	hr	22	min	Arrival Time	10	:	18	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm

Person Exit Interview was held with: Sharon Yellock

Interview was held: In-Person

SIC (Supervisor in Charge): **Other Staff: (Name & Title)**

Committee Members Present: Peggy Franc, Anne Minks

Report Completed by: Anne Minks

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. Y N **Ombudsman contact information is correct and clearly posted.** Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N **Staffing information is posted.** Yes 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	<p>Each resident interacted in own style. One shared knowledge of old TV shows.</p> <p>Long time resident still very happy living at Richmond Hills.</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? <input 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 type="checkbox"/> No	

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

~~A call unit transformer was taped to the electrical outlet - Gina said a new one should arrive tomorrow.~~

Community areas and resident rooms were clean. Rooms were decorated in the resident's style.

All residents mobile, mid-morning. No need for call lights @ this time.

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?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer to dine? 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

Each home displayed menus, activity calendar, and laundry schedule

Resident mentioned great fun @ Memorial Day Cookout, shared by residents of all homes.