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# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b> <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home			<b>Facility Name:</b> Richmond Hills #2							
<b>Visit Date</b>	6/4/19	<b>Time Spent in Facility</b>	0	hr	20	min	<b>Arrival Time</b>	10	:	40	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm

**Person Exit Interview was held with:** Jennifer Frisbee      **Interview was held**  **In-Person**

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

**Committee Members Present:** Peggy Franc, Anne Minks      **Report Completed by:**

**Number of Residents who received personal visits from committee members:** 5

**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	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="font-size: 1.2em;">All residents appeared groomed and ready for their day's activities.</p> <p style="font-size: 1.2em;">It was a cool, windy day and they were dressed appropriately.</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 checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input type="checkbox"/>	

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p><del>A call unit transformer was taped to the electrical outlet. Gina said a new one should arrive tomorrow.</del></p> <p>All residents mobile with no need for call lights @ time of visit.</p>
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	
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	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

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	<p>Each home displayed menus, activity calendar and laundry schedule.</p> <p>Memorial Day cookout was a success!</p> <p>Vegetable bins are tended by interested residents and used for home meals.</p>
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	
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	
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**Areas of Concern**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

House #2

One resident mentioned a perceived problem between admin and SIC - the SIC is now less communicative, distant - she (resident) feels tension there's a new "quiet" in the home.

**Exit Summary**

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.

