## Community Advisory Committee Quarterly/Annual Visitation Report

County:				Fa	cility Type:						Т									
Buncombe				X	Adult Care Hom	IF	amil	Car	e Home	7	Disconsid	. 1/21	<b>.</b>		<b>4</b> 2					
				Combination Home			_	Nursing Home				Riverside Village, #3								
/isit Date	5	17	2019	1	me Spent in acility			hr	45	min	Arrival 11 Time							a		p
<sup>2</sup> erson Exit	Interv	iew w	as held w	ith:	Beverly Davis, S	IC		1-				nterview was eld	•	x	_	_	rson e) <u>in</u>			
				SIC Cha	(Supervisor in	X	Ot	Other Staff: (Name & Title) Matthew Sawyer, Propo							perty	<b>y</b>	_			
			usan Stua	art, F	Paula J. Garber ersonal visits fro	m c	ommi	itee :	memi	hers: 1ft	a.	Repor		ple	ted	by:	P. 0	iarb	er	
-					X Y	N						information	is cor	Tec	t	X	Yes	3	T	N
Resident Rights Information is XX Y Learly visible.						٦				posted					-		I <sub>2</sub>	1		
he most reconcessible.	cent s <i>(Requ</i> )	uired f	or Nursin		Y	N											Yes	s x		N
	Resi	dent F	Profile				The same		-			Comr	nents	& (	Dthe	er O	bse	vati	on	S
I. Do the re	side	nts ap	pear nea	it, c	lean and odor	Х	Yes		No											
ree?										Co-o	.di	6 recident	la							
2. Did resid	ents	say th	ney receiv	ve a	ssistance with	_	- -		1	C0-6	æ,	6 resident	5							
personal care activities, Ex. brushing their teeth,						X	Yes		No											
combing their hair, inserting dentures or cleaning									1											
heir eyeglasses?																				
3. Did you see or hear residents being encouraged to participate in their care by staff nembers?							Yes	х	No											
I. Were residents interacting w/ staff, other						х	Yes		No											
esidents & visitors?							ŀ													
5. Did staff	respo	nd to	or intera	ct w	ith residents		_	_												
who had difficulty communicating or making their						Х	Yes		No											
needs know																				
3. Did you observe restraints in use?							Yes	х	No											
7. If so, did you ask staff about the facility's							Yes	x	No											
estraint pol	•																			
			ving Acco	omm	nodations							Co	mmei	nts	& 0	the	r	师告	Jan	
		vation									9			S 1				-72		
		escrit	e their li	ving	environment	х	Yes		No											
s homelike?										Comi	mo	on areas a	nd ki	tch	en	vei	y c	ear	1	

3. Did you notice unpleasant odors in commonly used areas?	X	Yes		No	
10. Did you see items that could cause harm or be hazardous?		Yes	х	No	Snacks and fresh fruit available.
11. Did residents feel their living areas were too noisy?		Yes	х	No	Residents indicated food was great!
12. Does the facility accommodate smokers? 12a. Where? [x] Outside only [ ] Inside only [	x	Yes Both I	nsio	No de	Smoking outside only.
and Outside.  13. Were residents able to reach their call bells with ease?	Х	Yes		No	
14. Did staff answer call bells in a timely & courteous manner?		Yes		No	
4a. If no, did you share this with the administrative staff?		Yes		No	O commence of October Otto comments
Resident Services					Comments & Other Observations
15. Were residents asked their preferences or pinions about the activities planned for them at he facility?	Х	Yes		No	
16. Do residents have the opportunity to ourchase personal items of their choice using heir monthly needs funds?	Х	Yes		No	
l6a. Can residents access their monthly needs unds at their convenience?	Х	Yes		No	
17. Are residents asked their preferences about neal & snack choices?	X	Yes		No	
7a. Are they given a choice about where they prefer to dine?	X	Yes		No	
18. Do residents have privacy in making and eceiving phone calls?		Yes	Х	No	
19. Is there evidence of community involvement rom other civic, volunteer or religious groups?		Yes	Х	No	
20. Does the Facility have a Resident's Council?  Areas of Concern		Yes	X	No	Exit Summary
Are there resident issues or topics that need follow a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.				