Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>Facility Type: ACH</th>
<th>Family Care Home</th>
<th>Facility Name: Richmond Hill #2</th>
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</thead>
<tbody>
<tr>
<td>x Adult Care Home</td>
<td>Combination Home</td>
<td>Nursing Home</td>
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<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/17</td>
<td>hr 15 min</td>
<td>10:10 x am pm</td>
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Person Exit Interview was held with: Trish Ravis

Trish Ravis

x SIC (Supervisor in Charge) | Other Staff: (Name & Title) | Report Completed by: Bob Tomasulo

Committee Members Present: Bob Tomasulo, Jeri Hahner, Judy Dewitt

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

Resident Profile

1. Do the residents appear neat, clean and odor free? Yes □ No □

2. Were residents interacting w/ staff, other residents & visitors? Yes □ No □

3. Did you observe restraints in use? Yes □ No □

4. If so, did you ask staff about the facility’s restraint policies? Yes □ No □
<table>
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<tr>
<th>Resident Living Accommodations</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>x Yes No</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes x No</td>
</tr>
<tr>
<td>10. Did you see items that could cause harm or be hazardous?</td>
<td>Yes x No</td>
</tr>
<tr>
<td>11. Did residents feel their living areas were too noisy?</td>
<td>Yes No</td>
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<tr>
<td>12. Does the facility accommodate smokers? Where? [x] Outside only [ ] Inside only [ ] Both Inside and Outside.</td>
<td></td>
</tr>
<tr>
<td>13. Were residents able to reach their call bells with ease?</td>
<td>x Yes No</td>
</tr>
<tr>
<td>14. Did staff answer call bells in a timely &amp; courteous manner? If no, did you share this with the administrative staff?</td>
<td>Yes No</td>
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<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
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<td>Are they given a choice about where they prefer to dine?</td>
<td>x Yes No</td>
</tr>
<tr>
<td>x Yes No</td>
<td></td>
</tr>
<tr>
<td>x Yes No</td>
<td></td>
</tr>
<tr>
<td>x Yes No</td>
<td></td>
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</table>

<p>| 20. Does the Facility have a Resident's Council? | x Yes No |</p>
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<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>

The facility was very clean and residents expressed satisfaction with their living situation.