Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: □ Adult Care Home □ Family Care Home □ Combination Home □ Nursing Home
Facility Name: Riverside Villa

Visit Date: 9-19-2017
Time Spent in Facility: 1 hr 30 min
Arrival Time: 9:40 am
Name of Person Exit Interview was held with: Janice Roberts
Interview was held: In-Person

Title: Check Box □ Adm. □ SIC (Supervisor in Charge) □ Other staff
Committee Members Present: Adam/Gehzi
Report Completed by: Adam/Gehzi

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

Resident Rights Information is clearly visible. □ Yes □ No
Ombudsman contact information is correct and clearly posted. □ Yes □ No
The most recent survey was readily accessible. (Required for Nursing Homes Only) □ Yes □ No
Staffing information is posted. □ Yes □ No

Resident Profile
1. Do the residents appear neat, clean and odor free? □ Yes □ No
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? □ Yes □ No
3. Did you see or hear residents being encouraged to participate in their care by staff members? □ Yes □ No
4. Were residents interacting with staff, other residents & visitors? □ Yes □ No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? □ Yes □ No
6. Did you observe restraints in use? □ Yes □ No
7. If so, did you ask staff about the facility’s restraint policies? □ Yes □ No

Resident Living Accommodations
8. Did residents describe their living environment as homelike? □ Yes □ No
9. Did you notice unpleasant odors in common 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? □ Yes □ No
12a. Where? [ ] Outside only [ ] Inside only [ ] Both inside and outside.
13. Were residents able to reach their call bells with ease? □ Yes □ No
14. Did staff answer call bells in a timely & courteous manner? □ Yes □ No
14a. If no, did you share this with the administrative staff? □ Yes □ No

Resident Services
15. Were residents asked their preferences or opinions about the activities planned for them by the facility? □ Yes □ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? □ Yes □ No
16a. Can residents access their monthly needs funds at their convenience? □ Yes □ No
17. Are residents asked their preferences about meal & snack choices? □ Yes □ No
17a. 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
None noted

None noted

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. Top Copy is for the Regional Ombudsman’s Record. Bottom Copy is for the CAC’s Records.