Community Advisory Committee Quarterly / Annual Visitation Report

County: Buncombe

Facility Type:
- X Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home

Facility Name: RICHMOND HILL #5

Visit Date: 6-11-18

Time Spent in Facility: 0 H r 15 min

Arrival Time: 11 : 15 a m pm

Person Exit Interview was held with: SIC TIFFANY LYTEL

Interview was held in-Person or xxx circle

TIFFANY LYTEL

SIC (Supervisor in Charge)

Other Staff: (Name & Title)
STARLA FORE

ADMINISTRATOR

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

Report Completed by Jeri Hahner

Number of Residents who received personal visits from committee members:
3-4 RESIDENTS/POSITIVE FEEDBACK

Resident Rights Information is clearly visible.

Ombudsman contact information is correct and clearly posted.

The most recent survey was readily accessible. (Required for Nursing Homes Only)

Staffing information is posted. Did not observe

Resident Profile

1. Do the residents appear neat, clean and odor free?

2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?

3. Did you see or hear residents being encouraged to participate in their care by staff members?

4. Were residents interacting w/ staff, other residents & visitors?

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?

6. Did you observe restraints in use?

7. If so, did you ask staff about the facility’s restraint policies?

Comments & Other Observation

11 RESIDENTS – ALL MALE
AGE RANGE 30s to 65 or so.

1 resident needs assistance. Others as necessary.

Did not observe the necessity
### Resident Living Accommodations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did residents describe their living environment as homelike?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Did you see items that could cause harm or be hazardous?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Did residents feel their living areas were too noisy?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Does the facility accommodate smokers?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Where? (X) Outside only ( ) Inside only ( ) Both Inside and Outside.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were residents able to reach their call bells with ease?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Did staff answer call bells in a timely &amp; courteous manner?</td>
<td>X</td>
<td>No</td>
</tr>
</tbody>
</table>

**Comments & Other Observations**

- The facility was very clean. There was evidence of personal touches added to the ambiance.
- All doors to Laundry, cleaning supplies, etc. were locked.

**Comments & Other Observations**

- DID NOT OBSERVE THE NEED FOR RESPONSE TO CALL BELLS.

### Resident Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Can residents access their monthly needs funds at their convenience?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Are they given a choice about where they prefer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do residents have privacy in making and receiving phone calls?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>

**Comments & Other Observations**

- TODAY WAS “PAY DAY”. MONIES WERE BEING DISTRIBUTED AND RESIDENTS WERE BEING TAKEN SHOPPING. The Administration pays for Pharmacy Bills for the residents. That permits them to have full use of their $66 allotment. Very thoughtful and generous!!!!!

- MEAL ARE DIETARY MANDATED BY THE STATE. There is 1 Diabetic Diet Resident, and 1 diet portion control Resident. EAT IN ROOMS ONLY IF UNABLE TO GET TO THE DINING ROOM

**Informal Open Discussions for Opinions and Suggestions.**
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<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>

WE MADE NOTE OF A LOW STAR RATING (2 STARS/ 87.50%) HOWEVER, COMPLIANCE OF THE SITUATION HAS BEEN MADE AND THE RATING IS NOW 102.50. THE CERTIFICATE HAD NOT BEEN POSTED YET.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

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