**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 FAMILY CARE HOME #4

**Visit Date:** 3.9.2017  
**Time Spent in Facility:** 0 Hr 15 min  
**Arrival Time:** 10:45 a.m.  
**Interview was held with:** Jennifer Frisbee (in Person or xxx circle)  
**Other Staff:** Starla Fore (Admin)

<table>
<thead>
<tr>
<th>Committee Members Present:</th>
<th>Report Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUDY DEWITT, JERI HAHLER, BOB TOMASULO</td>
<td>JERI HAHLER</td>
</tr>
</tbody>
</table>

**Number of Residents who received personal visits from committee members:** 2-3 POSITIVE RESPONSES

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ombudsman contact information is correct and clearly posted. BROUGHT NEW TEAM INFORMATION AND POSTED IT</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The most recent survey was readily accessible. (Required for Nursing Homes Only)</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Staffing information is posted. Did not observe</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**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

**Comments & Other Observation**

- 12 Residents / 6 men and 6 women  
  Ages approximately 50s to 80s

- 3 are minimally assisted with bathing

- Laundry is done for the residents; however, 2 prefer loading their own things. The SIC does the soap, etc
<table>
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<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>

THE RESIDENTS AND THE SICs SEEMED VERY SATISFIED WITH THEIR SITUATIONS.
ALL EMERGENCY LIGHTS WERE FUNCTIONAL.

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