# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Buncombe</th>
<th>Facility Type</th>
<th>Family Care Home ☑</th>
<th>Adult Care Home ☑</th>
<th>Nursing Home ☑</th>
<th>Combination Home ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
<td>Richmond Hill #3</td>
<td></td>
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<tr>
<td>Visit Date</td>
<td>3-1-19</td>
<td></td>
<td></td>
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<tr>
<td>Time Spent in Facility</td>
<td>15 min</td>
<td></td>
<td></td>
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<tr>
<td>Arrival Time</td>
<td>2:15</td>
<td></td>
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<tr>
<td>Exit Interview</td>
<td>Michaela Menichelle SIC</td>
<td></td>
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<tr>
<td>Other Staff Resp</td>
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<tr>
<td>Committee Members Present</td>
<td>Anne Minks, Peggy Franc</td>
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<tr>
<td>Ombudsman contact information is correct and clearly posted.</td>
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<tr>
<td>Number of Residents who received personal visits from committee members</td>
<td>2</td>
<td></td>
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<tr>
<td>Resident Rights Information is clearly visible.</td>
<td>☑</td>
<td>Yes ☐ No</td>
<td></td>
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<tr>
<td>The most recent survey was readily accessible.</td>
<td>☑</td>
<td>Yes ☐ No</td>
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<tr>
<td>Staffing information is posted.</td>
<td>☑</td>
<td>Yes ☐ No</td>
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</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

## Resident Living Accommodations

8. Did residents describe their living environment as homelike? ☑ Yes ☐ No
9. Did you notice unpleasant odors in commonly 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
13. Where? ☑ Outside only ☑ Inside only ☑ Both Inside & Outside.
14. Were residents able to reach their call bells with ease? ☑ Yes ☐ No
15. Did staff answer call bells in a timely & courteous manner? ☑ Yes ☐ No
16. If no, did you share this with the administrative staff? ☑ Yes ☐ No

## Resident Services

17. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No
18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No
19. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No
20. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No
21. Are they given a choice about where they prefer to dine? ☑ Yes ☐ No
22. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No
23. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No
24. Does the facility have a Resident's Council? ☑ Yes ☐ No
25. Family Council? ☑ Yes ☐ No

## Areas of Concern

- Older residents in this house
- Bingo very popular - play often

## Exit Summary

Discuss items from “Areas of Concern” Section as well as any other observed during the visit.

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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.