Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: Adult Care Home, Nursing Home, Combination Home
Facility Name: Richmond Hill
Visit Date: 3-12-19
Time Spent in Facility: 15 min
Name of Person Exit Interview was held with: Trinity Evans, SIC
Interview was held: In-Person, Phone, Admin, SIC (Supervisor in Charge)
Other Staff Rep: Peggy Franc
Number of Residents who received personal visits from committee members: 2

Report Completed by: Peggy Franc

Resident Rights Information is clearly visible. ☑ Yes ☐ No
Ombudsman contact information is correct and clearly 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 clearing
   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 w/ 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
12a. Where? ☑ Outside only ☐ Inside only ☑ Both Inside & 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 at 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 the place and time 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

Family Council? ☑ Yes ☐ No

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next
visit?
News 1C - only 2nd week on job

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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.

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