

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe	Facility Type:		Facility Name:			
	<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home	Richmond Hills Rest home #5	
<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home			

Visit Date 3/19/2018	Time Spent in Facility	hr	15	min	Arrival Time	11	:	55	<input checked="" type="checkbox"/>	am	<input checked="" type="checkbox"/>
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Person Exit Interview was held with: Starla Fore	Interview was held Yes	(In-Person) or Phone (Circle)
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Tiffany Lytle	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Judy DeWitt, Bob Tomasulo, Jeri Hahner	Report Completed by: Judy Dewitt
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Number of Residents who received personal visits from committee members: 2	
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile				Comments & Other Observations	
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Both staff and residents seem satisfied with place and services. All men Not discussed. Not discussed Residents and staff seemed very comfortable with us being there and very friendly with us and each other.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Living Accommodations

Comments & Other Observations

- 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?
Where? Outside only Inside only Both Inside and Outside. Yes No
- 13. Were residents able to reach their call bells with ease? Yes No
- 14. Did staff answer call bells in a timely & courteous manner?
If no, did you share this with the administrative staff? Yes No

Resident Services

Comments & Other Observations

- 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?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
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

Said food was very good.

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? No

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.