

Handwritten initials/signature

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 Hill 3			
<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home				

Visit Date	11/30/17	Time Spent in Facility	<input type="checkbox"/>	hr	12	min	Arrival Time	10:	:	25	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm
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Person Exit Interview was held with:	Interview was held	<input checked="" type="checkbox"/>	In-Person or Phone (Circle)
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Jennifer Christi			
<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	

Committee Members Present:	Report Completed by:
Bob Tomasulo, Jeri Hahner, Jusy Dewitt	Bob Tomasulo

Number of Residents who received personal visits from committee members: 2			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input 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? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Did you notice unpleasant odors in commonly used areas? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 10. Did you see items that could cause harm or be hazardous? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 11. Did residents feel their living areas were too noisy? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 12. Does the facility accommodate smokers?
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Were residents able to reach their call bells with ease? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Did staff answer call bells in a timely & courteous manner? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, did you share this with the administrative staff? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Resident Services

Comments & Other Observations

- | | | | | |
|--|-------------------------------------|-----|--------------------------|----|
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are they given a choice about where they prefer to dine? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20. Does the Facility have a Resident's Council? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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?

Exit Summary

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

Facility was exceptionally clean and residents expressed satisfaction with living situation

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

