

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: <u>Riverside Village # I</u>
Visit Date: <u>8-19-2017</u>	Time Spent in Facility: <u>20</u> hr <u>0</u> min	Arrival Time: <u>9:40</u> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: <u>Janice Roberts</u>		Interview was held: <input checked="" type="checkbox"/> In-Person
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff	Report Completed by: <u>Adami/Letts</u>	
Committee Members Present: <u>Adami/Letts</u>		
Number of Residents who received personal visits from committee members: <u>SIX</u>		

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input checked="" type="checkbox"/> No <u>NIA</u>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><u>Homes decorated, flowers outside. Residents call families.</u></p> <p><u>Residents middle aged + older</u></p> <p><u>most residents 2 m.h. issues</u></p>

Resident Living Accommodations	Comments & Other Observations
<ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><u>Laundry Room unlocked, contained laundry soap pods.</u></p> <p><u>No call bells</u></p>

Resident Services	Comments & Other Observations
<ol style="list-style-type: none"> <li>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><u>Residents were able to go to Marts Beach unless if they chose to.</u></p> <p><u>Activity calendar had activities listed</u></p>

**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?

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

None Noted

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