

Community Advisory Committee Quarterly/Annual Visitation Report

96

County:
Buncombe

| | | | |
|---|---------------------------------------|------------------------------------|--|
| Facility Type: | | Facility Name: | |
| <input checked="" type="checkbox"/> Adult Care Home | | Richmond Hills Rest Home #1 | |
| <input type="checkbox"/> Family Care Home | <input type="checkbox"/> Nursing Home | | |
| <input type="checkbox"/> Combination Home | | | |

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|-------------------------------|-------------------------------|----|----|-----|---------------------|----|---|----|--|--|
| Visit Date 08/10/18 | Time Spent in Facility | hr | 15 | min | Arrival Time | 11 | : | 00 | <input checked="" type="checkbox"/> am | <input checked="" type="checkbox"/> pm |
|-------------------------------|-------------------------------|----|----|-----|---------------------|----|---|----|--|--|

| | | |
|---|---------------------------|--|
| Person Exit Interview was held with: Sharon Yellow | Interview was held | <input checked="" type="checkbox"/> (In-Person) or Phone (Circle) |
|---|---------------------------|--|

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|-----------------------------------|---|
| SIC (Supervisor in Charge) | Other Staff: (Name & Title) Tanya Crair Med Tec |
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|--|---|
| Committee Members Present: Don Streb, Jeri Hahner Bob Tomasulo | Report Completed by: Bob Tomasulo |
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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 | 12 residents 11 women and one man Residents seemed very engaged with staff |
| 2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" 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 checked="" 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

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|---|-------------------------------------|-----|-------------------------------------|----|
| 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? [X] Outside only [] Inside only [] Both Inside and Outside. | <input checked="" 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? If no, did you share this with the administrative staff? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Call bell use not observed

Resident Services

Comments & Other Observations

| | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| 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 |
| 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? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17. Are residents asked their preferences about meal & snack choices? 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 |
| 18. Do residents have privacy in making and receiving phone calls? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | <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 |

They can get options for meals. Staff seems careful with serving healthy meals.

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.

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

