

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:

<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home

Facility Name: Richmond Hills #1

Visit Date: 11/27/2018

Time Spent in Facility: 0 hr 20 min

Arrival Time: 11:32 am

Name of Person Exit Interview was held with: Jennifer Frisbee

Interview was held  In-Person

Title:  Check Box  Admn.  SIC (Supervisor in Charge)

Phone: \_\_\_\_\_

Committee Members Present: Peggy Frane, Anne Minks

Report Completed by: Anne Minks

Number of Residents who received personal visits from committee members: 4

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible. (Required for Nursing Homes Only)  Yes  No

Staffing information is posted.  Yes  No

### Resident Profile

- Do the residents appear neat, clean and odor free?  Yes  No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No
- Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
- Were residents interacting w/ staff, other residents & visitors?  Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
- Did you observe restraints in use?  Yes  No
- If so, did you ask staff about the facility's restraint policies?  Yes  No

### Comments & Other Observations

Residents were happy to share and show their home with us. Residents' art displayed in all homes, as well as in the community.

### Resident Living Accommodations

- Did residents describe their living environment as homelike?  Yes  No
- Did you notice unpleasant odors in commonly used areas?  Yes  No
- Did you see items that could cause harm or be hazardous?  Yes  No
- Did residents feel their living areas were too noisy?  Yes  No
- Does the facility accommodate smokers?  Yes  No
- 2a. Where?  Outside only  Inside only  Both inside and outside.
- Were residents able to reach their call bells with ease?  Yes  No
- Did staff answer call bells in a timely & courteous manner?  Yes  No
- 4a. If no, did you share this with the administrative staff?  Yes  No

### Comments & Other Observations

It was a big day, as all were awaiting delivery of new washer + dryer. Home was clean and neat.

### Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No
- 6a. Can residents access their monthly needs funds at their convenience?  Yes  No
- Are residents asked their preferences about meal & snack choices?  Yes  No
- 7a. Are they given a choice about where they prefer to dine?  Yes  No
- Do residents have privacy in making and receiving phone calls?  Yes  No
- Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
- Does the Facility have a Resident's Council?  Yes  No

### Comments & Other Observations

Holiday decorations proudly displayed - there is a decoration contest between homes and residents participate at their choice in decorating. The activity calendar was varied.