

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: <u>Richmond Hills #4</u>	
Visit Date: <u>11/27/2018</u>	Time Spent in Facility: hr <u>15</u> min		Arrival Time: <u>12</u> : am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
Name of Person Exit Interview was held with:		Interview was held: <u>15</u> In-Person	
Name: <u>Bobby Alexander</u>		Phone:	
Title: Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff:		Report Completed by: <u>Anne Minks</u>
Committee Members Present: <u>Peggy Franc, Anne Minks</u>		Number of Residents who received personal visits from committee members: <u>2</u> ^{also} <u>group @ dining table</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 type="checkbox"/> No		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes No
2. 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
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Resident rooms simple, clean, reflect residents taste.

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? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
13. Were residents able to reach their call bells with ease? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Home decorated for holiday celebrations. Calendars posted and activities provided.

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 if their choice using their monthly needs funds? Yes No
- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. 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
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

Residents were ready to eat lunch and commented that "the food is good." They were interacting in the dining room. Fragrant odors from kitchen. A few enclosed cat beds on porch - residents interact w/ cats and love this opportunity.