

Community Advisory Committee Quarterly Visitation Report

County: Buncombe	Facility Type:	Facility Name: Richmond Hill #2
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<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home
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<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home
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Person Exit Interview was held with: Denise Gschlecht Property Manager	Interview was held	<input checked="" type="checkbox"/>	In-Person or xxx circle)
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Tamera Pierson	<input checked="" type="checkbox"/>	SIC(Super visor in Charge)		Other Staff: (Name & Title)		
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Committee Members Present: Judy DeWitt, Jeri Hahner, Bob Tomasulo	Report Completed by Jeri Hahner
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Number of Residents who received personal visits from committee members: Spoke to 3 Residents

Resident Rights Information is clearly visible.	X	Y		N	Ombudsman contact information is correct and clearly posted.	X	Yes		No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)		Y		N	Staffing information is posted. Did not observe		Yes		No
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1. Do the residents appear neat, clean and odor free?	X	Yes		No	6 Male and 6 Female Residents ranging in age approx. 40s -70s 1 Resident needs enhanced care. A couple of Residents use Oxygen. Did not observe We were able to engage 3 Residents in conversation. Greeted some others.
1. 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>					

X	Yes		No
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1. Did you see or hear residents being encouraged to participate in their care by staff members?	
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	Yes		No
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1. Were residents interacting w/ staff, other residents & visitors?	X	Yes		No
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1. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
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X	Yes		No
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1. Did you observe restraints in use?		Yes	X	No
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1. If so, did you ask staff about the facility's restraint policies?		Yes		No
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1. Did residents describe their living environment as home like?	X	Yes		No	<p>Lots of fresh fruit and some snacks were available for the Residents.</p> <p>Smoking seems to be a favorite activity.</p> <p>Did not observe</p>

1. Did you notice unpleasant odors in commonly used areas?		Yes	X	No
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1. Did you see items that could cause harm or be hazardous?		Yes	X	No
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1. Did residents feel their living areas were too noisy?		Yes	X	No
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1. Does the facility accommodate smokers?	X	Yes		No
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Where? [X] Outside only [] Inside only [] Both Inside and Outside.

1. Were residents able to reach their call bells with ease?	X	Yes		No
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1. Did staff answer call bells in a timely & courteous manner?		Yes		No
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If no, did you share this with the administrative staff?		Yes		No
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<p>1. Were residents asked their preferences or opinions about the activities planned for them at the facility?</p>		<p>There was evidence of participation in the Arts and Crafts that was a scheduled activity.</p> <p>In some circumstances meals in the room are OK</p> <p>Menus are planned for Adult Care Homes to meet certain requirements. However, there were food substitutions listed that could be chosen. Fresh fruit in abundance!!</p> <p>Did not pay attention to the Activity Calendar for that.</p> <p>Whether well attended is another matter.</p>
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X	Yes		No
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<p>1. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</p>	
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X	Yes		No
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<p>Can residents access their monthly needs funds at their convenience?</p>	
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X	Yes		No
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1. Are residents asked their preferences about meal & snack choices?

	Yes		No
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Are they given a choice about where they prefer			No
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1. Do residents have privacy in making and receiving phone calls?

X	Yes		No
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1. Is there evidence of community involvement from other civic, volunteer or religious groups?

	Yes		No
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1. Does the Facility have a Resident's Council?	X	Yes	No
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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.

In general the home looked very clean and orderly.
All Residents that we spoke to were comfortable and positive in their responses.

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

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