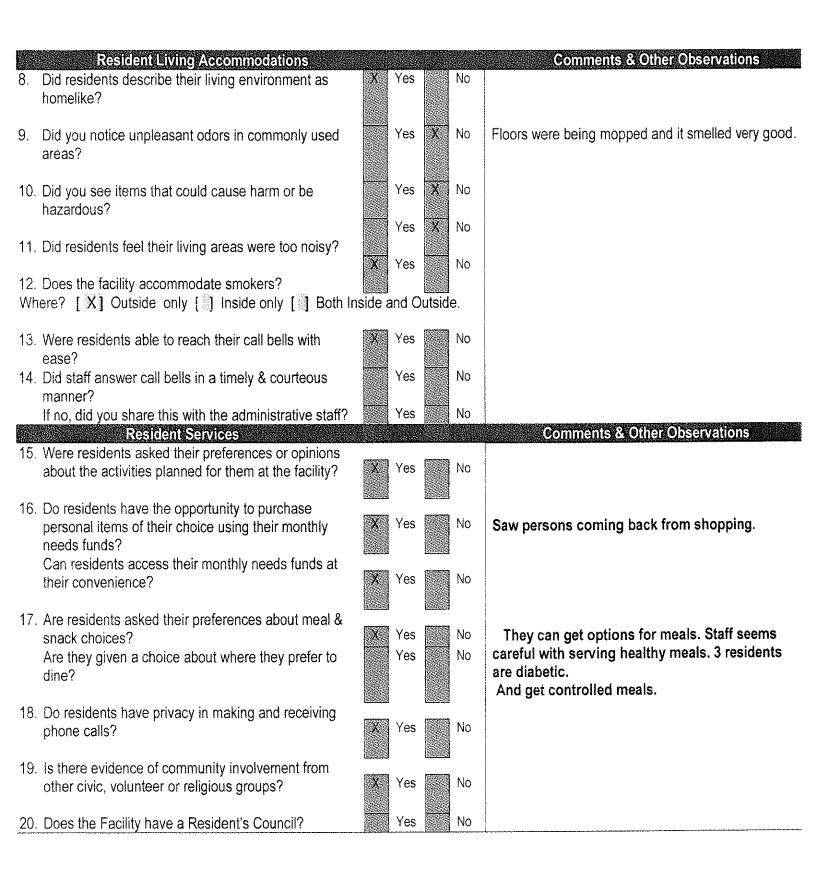
Community Advisory Committee (Quarterly)/Annual Visitation Report

County: Buncombe		Facility Type: x Adult Care Home Combination		Family Care Hom Nursing Home			Facility Name: ne Richmond Hills Rest Home #3					
	sit Date 23/2017	Home Time Spent in Facility			15	min	Arrival Time	10	: 30	x am	pm	
Pe	rson Exit Interview was held	d with: Stara Fore	I	1		į.	Interview w held	/as	x (In-Po	erson) o le)	r Phon	
Ca	rie Joiner x	SIC (Supervisor in Charge)	X	Other S	taff: (N	Name &	Title)	Tara Cra	ig Med T	ec		
30.	mmittee Members Present: dy DeWitt, Jeri Hahner							ort Comp ly DeWitt				
Re	mber of Residents who reconsident Rights Information is tible.		om con N		lsman	contac	t informatio	on is corr	ect X	Yes	No	
ac	e most recent survey was recessible. (Required for Nur emes Only)		N	Staffing	g infor	mation	is posted.	ALLEN AND THE STREET		Yes	No	
	Resident Profile						Comme	nts & Ot	ner Obse	rvations		
1. 2.	• 1		X	Yes	No	Both r	idents 8 wor esidents and residents.			tent. We	talked	
۷.	personal care activities, Ex.	I residents say they receive assistance with rsonal care activities, Ex. brushing their teeth, mbing their hair, inserting dentures or cleaning eir eyeglasses?				Did no	Did not discuss this with residents.None seemed to need assistance.					
3.	Did you see or hear resident participate in their care by st	Ü		Yes X	No							
4.	Were residents interacting w visitors?	// staff, other residents &	X	Yes	No							
5.	Did staff respond to or intera had difficulty communicating known verbally?			Yes	No		ot observe builty with com			m to hav	e	
6.	Did you observe restraints in	n use?		Yes X Yes	No No	A						
7.	If so, did you ask staff about policies?	the facility's restraint										



Areas of Concern Are there resident issues or topics that need follow-up or review at a later time	Exit-Summary Discuss items from "Areas of Concern" Section as
or during the next visit?	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.