

Community Advisory Committee Quarterly /Annual Visitation Report

County: Winchester		Facility Type:					Facility Name RICHMOND HILL #3									
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home											
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home											
Visit Date	AUG 10, 2018	Time Spent in Facility			0	H	10	min	Arrival Time	10	:	25	<input checked="" type="checkbox"/>	a	m	pm
Person Exit Interview was held with: ANTOINETTE WYNN (MED TECH) covering for SIC temporarily									Interview was held		<input checked="" type="checkbox"/>	In-Person or xxx (circle)				
Jeri Hahner/Office closed		SIC(Supervisor in Charge)			Other Staff: (Name & Title)											
Committee Members Present: Jeri Hahner Don Streb Bob Tomasulo									Report Completed by Jeri Hahner							

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

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. Did not observe	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observation
Do the residents appear neat, clean and odor free?	<p>Antoinette had only been here a couple of days. She appeared to be stepping right up to the plate. She was preparing lunch. There are 3 Male residents and 8 female residents</p> <p>The facility was clean.</p> <p>Did not observe.</p> <p>Did not observe the necessity of that.</p>
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
Did you see or hear residents being encouraged to participate in their care by staff members?	
Were residents interacting w/ staff, other residents & visitors?	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
Did you observe restraints in use?	
If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations				Comments & Other Observations	
Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>The common areas were neat and orderly. There were pictures and décor about. The areas were all clean.</p> <p>The middle hall emergency light was not working. A room marked hazard was unlocked. It contain pape decorations, etc...</p>
Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
7. Did you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
8. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
9. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
here? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.					
10. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
11. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services				Comments & Other Observations	
12. 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	<p>There is a Resident's Council.</p> <p>Funds are distributed on a regular schedule.</p> <p>All residents are on a regular diet. There was an abundance of fresh fruit available for snacks.</p> <p>Did not take note about outside involvement</p>
13. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
Are they given a choice about where they prefer	<input type="checkbox"/>		<input checked="" type="checkbox"/>	No	
15. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
16. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time during the next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

The only major concern would be the emergency light in the middle hallway.

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