

Community Advisory Committee Quarterly /Annual Visitation Report

County: Winchester		Facility Type:				Facility Name RICHMOND HILL #5							
		<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	08	min	Arrival Time	11	:	45	<input checked="" type="checkbox"/> a	pm
Person Exit Interview was held with: DAWN ODETTE MED TECH								Interview was held		<input checked="" type="checkbox"/>	In-Person or xxx (circle)		
Arla Fore (Admin) 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: one

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
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>THERE ARE 11 MALES IN THIS FACILITY. IT WAS VERY CLEAN AND PRESENTABLE.</p> <p>Care is given as needed</p> <p>ACTUALLY THE RESIDENTS WERE NOT IN THE BUILDING. UPON LEAVING I SPOKE WITH ONE RESIDENT OUT ON THE PORCH.</p> <p>DID NOT ENCOUNTER RESIDENTS INSIDE.</p> <p>DID NOT OBSERVE THIS HAPPENING.</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	THE FACILITY WAS CLEAN. DECORATIONS WERE IN EVIDENCE.
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 type="checkbox"/>	Yes	<input checked="" 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	THERE ARE OPPORTUNITIES TO EXPRESS WHAT THEY WOULD LIKE TO DO.
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	THERE IS A SCHEDULE FOR DISBURSEMENT OF FUNDS. SHOPPING IS ALSO SCHEDULED.
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	MEALS ARE NUTRITIONAL PLANNED BY THE STATE. FRESH FRUIT IS OUT AND READILY AVAILABLE.
15. Are they given a choice about where they prefer?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
16. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	I DID NOT MAKE NOTE OF THAT.
17. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Does the Facility have a Resident's Council?	<input 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 MED TECH WAS COVERING FOR THE SIC. EVERYTHING LOOKED GOOD ORDER.

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