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## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b> <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home			<b>Facility Name:</b> Richmond Hills #5							
<b>Visit Date</b>	6/4/19	<b>Time Spent in Facility</b>	0	hr	24	min	<b>Arrival Time</b>	11	:	24	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm

**Person Exit Interview was held with:** *Trinity Evans*      **Interview was held**  **In-Person**

**SIC (Supervisor in Charge)**       **Other Staff: (Name & Title)** *Dawn - med tech*

**Committee Members Present:** *Peggy Franc, Anne Minks*      **Report Completed by:** *Anne Minks*

**Number of Residents who received personal visits from committee members:** *4*

**Resident Rights Information is clearly visible.**     Y     N      **Ombudsman contact information is correct and clearly posted.**     Yes     No

**The most recent survey was readily accessible. (Required for Nursing Homes Only)**     Y     N      **Staffing information is posted.**     Yes     No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No           </div>	<div style="font-family: cursive; font-size: 1.2em;"> <p>We visited with a resident who, while stating that his home and care were satisfactory, he felt it was time for him to move to more independent living.</p> <p>One resident spoke highly of the assistance he receives getting to and from appointments.</p> </div>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No           </div>	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No           </div>	
4. Were residents interacting w/ staff, other residents & visitors? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No           </div>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No           </div>	
6. Did you observe restraints in use? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No           </div>	
7. If so, did you ask staff about the facility's restraint policies? <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No           </div>	

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p><del>A call unit transformer was taped to the electrical outlet. Gina said a new one should arrive tomorrow.</del></p> <p>One resident stated simply that he is happy here with food, room and every other thing.</p>
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. Does the facility accommodate smokers? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services				Comments & Other Observations	
15. 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>We found numerous examples of resident art on display @ Richmond Hill.</p> <p>Dawn, the med tech @ house #5 states she takes pride in helping decorate to make a feeling of home</p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	