

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>		Facility Type:		Facility Name:	
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Richmond Hills Rest Home #1</u>	
		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
Visit Date: <u>2-8-2014</u>	Time Spent in Facility		hr: <u>30</u>	min:	Arrival Time: <u>10:30</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with:				Interview was held <input checked="" type="checkbox"/> In-Person	
Name: <u>CATT CHALK</u>				Phone: <u>728-254-2145</u>	
Title: Check Box		<input type="checkbox"/> Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	<input type="checkbox"/> Other staff	
Committee Members Present: <u>BARBARA MAYER, JUDY OLENNIK</u>				Report Completed by: <u>Barbara Mayer</u>	
Number of Residents who received personal visits from committee members: <u>4</u>					
Resident Rights Information is clearly visible.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Staffing information is posted.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile

1. Do the residents appear neat, clean and odor free? Yes No
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? *not observed* Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? *not observed* Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? *not observed* Yes No
6. Did you observe restraints in use? *N/A* Yes No
7. Did you ask staff about the facility's restraint policies? *N/A* Yes No

Comments & Other Observations

*3 men - 9 female residents
age range 23-28
3 diabetics, 1 - no natural feet,
several with no added salt
6 regular diets
Residents are Compatible*

Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes No
10. Did you see items that could cause harm or be hazardous? Yes No
11. Did residents feel their living areas were too noisy? Yes No
12. Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
13. Were residents able to reach their call bells with ease? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

*Home is Clean and warm.
All areas which should be
locked.
Abundant food.
Very livable home*

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and receiving phone calls? Yes No
19. Is there evidence of community involvement from other civic, vocational or religious groups? Yes No
20. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

*Lots of fruit available at all
times in the living room.
Activity charts are on each door.
Residents reported no problem

The SIC is alone in the house
on weekends as the Med Tech
works Monday - Friday.*

Areas of Concern

Exit Summary

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.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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