

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Buncombe</u>	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: <u>Richmond Hill #1</u>
Visit Date: <u>5-14-2014</u>	Time Spent in Facility: <u>20</u> hr <u>0</u> min	Arrival Time: <u>1</u> : <u>15</u> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: <u>Demise Schieffelin - STAR FLORE ADMIN - MENTAL</u>		Interview was held: <input checked="" type="checkbox"/> In-Person
Name: <u>Sherveta Alexander - Retiree</u>	Phone: <u>828-254-2145</u>	
Title: Check Box <input checked="" type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff <input checked="" type="checkbox"/>	Report Completed by: <u>Bob Phillips</u>	
Committee Members Present: <u>Barbara Mayer John Bernhardt Bob Phillips</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. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Profile	Comments & Other Observations
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1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	occasional help with dressing (one resident) visit was after lunch - no one appeared to need care of staff Residents outside smoking & talking NOT observed
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
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8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOME HAD DELETIONS & FURNISHING THAT MADE IT FEEL HOME LIKE FRESH FRUIT WAS PUT OUT FOR SNACKS N/A NO calls made with call system
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Services	Comments & Other Observations
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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	Residents from Home no #1 + others were participation in ARTS and crafts in Home. Residents occasionally get to choose meal Dining ONLY in Dining Area NOT Active in past month
16. 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	
16a. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" 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, v eer 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	

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.

NONE

NONE

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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