

Community Advisory Committee Quarterly Annual Visitation Report

9/21
5

County: Concombe

| | | | |
|-----------------------|---|---|---|
| Facility Type: | <input checked="" type="checkbox"/> Adult Care Home | <input type="checkbox"/> Family Care Home | Facility Name: <u>Richmond Hills Rest Home #2</u> |
| | <input type="checkbox"/> Combination Home | <input type="checkbox"/> Nursing Home | |

Visit Date: 5/14/2014 Time Spent in Facility: 15 hr 15 min Arrival Time: 1 : 40 : 40 am pm

Name of Person Exit Interview was held with: Starla Fore Interview was held In-Person

Name: Rachelle Galbreath Phone: 828-254-2804

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: John Bernhardt, Bob Phillips, Barbara Mayer Report Completed by: Barbara Mayer

Number of Residents who received personal visits from committee members: 3

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

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

| Resident Profile | Comments & Other Observations |
|--|--|
| 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p><u>12 residents 7 men 5 women</u> <u>Age range 27-80</u> <u>Some residents need help with</u> <u>shower or bed making.</u> <u>None needing Total Care</u></p> |
| 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <u>SIC reported</u> <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? <u>not observed</u> <input type="checkbox"/> Yes <input 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? <u>not observed</u> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Do you observe restraints in use? <u>observed</u> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| 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><u>Clean, well kept home.</u> <u>Fruit in living room.</u> <u>Residents gather in front porch.</u></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? <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 type="checkbox"/> No | |
| 14a. If no, did you share this with the administrative staff? <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><u>7 regular diets</u> <u>1 no added salt</u> <u>1 no concentrated sweets</u> <u>1 no bread, milk, or potatoes</u> <u>(Dr's orders -- not his idea)</u> <u>3 soft diets.</u></p> |
| 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 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, 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 | <u>haven't met recently</u> |

Are
the residents?

plus to

rank

of re

to identify of a

one

to return Areas of

one

with a

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.

DHHS DOA-022/2004

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.

DHHS DOA-022/2004