

Community Advisory Committee Quarterly Annual Visitation Report

County: Buncombe

Facility Type:		Facility Name:	
		<u>Richmond Hill # 3</u>	
<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: NOV 11, 2014 Time Spent in Facility: 2 hr 15 min Arrival Time: 1 : 00 am pm

Name of Person Exit Interview was held with: Antoinette Wyan / Cindy Wyan (MedTech) Interview was held In-Person

Name: Antoinette Wyan / Cindy Wyan (MedTech) Phone: _____

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

Committee Members Present: Jer. Habner, Judy Okvnik, John Bernhardt Report Completed by: Jer. Habner

Number of Residents who received personal visits from committee members: Two residents

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

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 6 male 6 female</u></p> <p><u>2 need help / or support with bathing etc.</u></p> <p><u>Sic does laundry for residents</u></p> <p><u>Did not observe</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? <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 checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" 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>The bathrooms were VERY clean!</u></p> <p><u>Overall the environment was positive.</u></p> <p><u>* BACK HALL EMERGENCY LIGHT could not be activated. *</u></p> <p><u>Did not observe</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 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
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>Kitchen is well stocked and provided for.</u></p> <p><u>There are 5 diabetic diets.</u></p> <p><u>Planned Diet</u></p> <p><u>The two residents we visited with were satisfied & happy in their situation</u></p> <p><u>minimal outside group interaction</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 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, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Are there resident issues or topics that need follow-up or review at a future visit or during the next visit?

Discipline items from "Areas of Concern" or other areas of concern, or any changes observed during the visit.

Back Hall Emergency Light
→ unable to test - button broken.

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