

9/201

# Community Advisory Committee Quarterly/Annual Visitation Report

County: BUNCOMBE

Facility Type:		Facility Name:	
<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Richmond Hills Rest Home</u>	
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home	<u>#3</u>	

Visit Date: 5/14/2014 Time Spent in Facility: \_\_\_\_\_ hr 15 min Arrival Time: 2:10: am  pm

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

Name: Antoinette Wynn Phone: 727-251-7074  
Sandy Austin

Title: Check Box  Admp  SIC (Supervisor in Charge)  Other staff Med Tech

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 (Required for Nursing Homes Only)

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	<u>12 residents - 6 men, 6 women</u> <u>→ SIC said some residents need assistance at times</u> <u>Age range 24-70.</u> <u>10 regular diets</u> <u>5 - no concentrated sweets</u> <u>1 - no saturated fats</u> <u>2 of the above also had no added salt.</u>
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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you observe restraints in use? <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	<u>There was fresh fruit in the living room</u> <u>Most residents were outside or visiting. We visited on a beautiful day. Some light breeze.</u> <u>Inside temperature (with air conditioning) about 74</u>
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? <u>not observed</u> <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	<u>Sometimes residents can choose a meal.</u>     <u>haven't met recently</u>
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 type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <u>(in part)</u> <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	

Are  
the notes valid?

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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