

# Community Advisory Committee Quarterly/Annual Visitation Report

2/12

<b>County:</b> UNCOMBE	<b>Facility Type:</b> <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	<b>Facility Name:</b> RICHMOND HILLS REST HOME #4
<b>Visit Date:</b> 2-8-2014	<b>Time Spent in Facility:</b> hr 20    min	<b>Arrival Time:</b> 10 : 50 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
<b>Name of Person Exit Interview was held with:</b> RITA STEWART		<b>Interview was held:</b> <input checked="" type="checkbox"/> In-Person
<b>Name:</b> RITA STEWART		<b>Phone:</b> 728-251-4774
<b>Title:</b> <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff	<b>Committee Members Present:</b> BARBARA MAYER, JERI HANNON	
<b>Number of Residents who received personal visits from committee members:</b> 4		<b>Report Completed by:</b> Barbara Mayer

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <i>not observed</i> <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? <i>not observed</i> <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. Did you observe restraints in use? <i>not observed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Did you ask staff about the facility's restraint policies? <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>Women, 4 female residents, 10 in hospital</i>  <i>Age range 50-88</i></p> <p><i>None are on special diets, but 2 have requested to have 1800 cal. or less.</i></p> <p><i>Fresh fruit is available</i></p> <p><i>Some men need help with shaving and grooming. Two need help with laundry. Others are monitored</i></p>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 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	<p><i>Homelike living room. Two residents were talking. The current Asheville City Mayor was present.</i></p> <p><i>Maintenance has been notified of fading lights in the hall by the living room.</i></p>

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 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 checked="" 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, voter or religious groups? <input 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	<p><i>Rita Stewart works nights and weekends. This was a Saturday visit, so we had not met her earlier.</i></p> <p><i>The system of a day SIC and a regular night and weekend SIC seems to work well with stability for staff and residents.</i></p>

**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.

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