

# Community Advisory Committee Quarterly/Annual Visitation Report

|                                           |                                                     |                                                                              |                                                                  |  |  |
|-------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|
| County: <u>Bencombe</u>                   | Facility Type:                                      |                                                                              | Facility Name:                                                   |  |  |
|                                           | <input checked="" type="checkbox"/> Adult Care Home | <input checked="" type="checkbox"/> Family Care Home                         | <u>Richmond Hill #4</u>                                          |  |  |
| <input type="checkbox"/> Combination Home | <input type="checkbox"/> Nursing Home               |                                                                              |                                                                  |  |  |
| Visit Date: <u>5/14/14</u>                | Time Spent in Facility: <u>15</u> hr <u>15</u> min  | Arrival Time: <u>1</u> : <u>52</u> am <input checked="" type="checkbox"/> pm | Interview was held <input checked="" type="checkbox"/> In-Person |  |  |

Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person

Name: William Brown (sic), Starla Fore (Admin) Phone: 828/257-4774

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

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

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, 4 males &amp; 8 females - Age range 27-70 - Diets: 1 limited salt, 1 insulin, 2 insulin - Several need some assistance with ADLs -</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 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 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 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 | <u>Much food on hand Menus in notebook with elaborate details - Resident lottery allows one resident each month to choose the meal -</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 [ ] Inside only [ ] 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 type="checkbox"/> Yes <input type="checkbox"/> No                | <u>Phone: 251-4774</u><br><u>One trip in town to shop each month after that by request - No activity Director now, just an activity rotating (between houses) for all residents - Eg House #4 will have chess on Thursday for all 5 houses, though only one resident now plays chess so no one comes - That's really a Resident Council, one resident from each house, but hasn't met for several months</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 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 type="checkbox"/> No                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |
| 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                              |

