

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Buncombe</i>	Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Family Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Richmond Hill #5</i>
Visit Date <i>08 07 14</i>	Time Spent in Facility hr <i>25</i> min	Arrival Time <i>1 : 05</i> am <input checked="" type="checkbox"/> pm	
Name of Person Exit Interview was held with <i>Starla Fore</i>		Interview was held	In-Person <input checked="" type="checkbox"/>
Phone <i>254-4081</i>	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff <i>Sonya, MedTech</i>	
Rep <i>SIC: Neather Lendon (days)</i>	<i>Tremayne Dingle (nights + weekends)</i>		
Committee Members Present: <i>Judy Olewnik, Jeri Hahner, Barbara Mayer + John Bernhardt</i>		Report Completed by: <i>Judy Olewnik</i>	
Number of Residents who received personal visits from committee members: <i>4</i>			
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input 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	<i>11 male residents</i>  <i>Starla said some residents do need help bathing. did not observe.</i>  <i>Two residents we spoke to had been there over 10 years.</i>
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? <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? <i>N/A</i> <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	<i>This home was neat and clean overall; but, mens bathroom #4 had a bit of a smell and needed toilet paper.</i>  <i>did not observe</i>
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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>Activities calendars were posted on each door but was out of date. New ones were on their way about 1 week late.</i>  <i>Planned menu was posted on board near entrance - not in kitchen. A good idea since the kitchen is off limits to residents.</i>  <i>did not observe</i>
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, volunteer 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	

Upon arrival we <sup>were</sup> shocked to see Tremayne in a wheelchair. He had had his lower left leg amputated and was recuperating in home. While recuperating, he is still SIC on weekends and nights. After the swelling goes down he will get a prosthesis. He is an amazing guy to keep working thru all of this.