

Barb H

2/5/17

Community Advisory Committee Quarterly/Annual Visitation Report

| | | | | | | | |
|---|-------------------|---|--|--|----------------------------|---|--|
| Co: <u>Buncombe</u> | | Facility Type: | | | Facility Name: | | |
| | | <input checked="" type="checkbox"/> Adult Care Home | | | Richmond Hill Rest Home #5 | | |
| | | <input type="checkbox"/> Family Care Home | | | | | |
| | | <input type="checkbox"/> Combination Home | | | | | |
| | | <input type="checkbox"/> Nursing Home | | | | | |
| Visit Date | <u>FEB 5 2017</u> | Time Spent in Facility | <u>0</u> hr | <u>15</u> min | Arrival Time | <u>10</u> : <u>15</u> (am) pm | |
| Name of Person Exit Interview was held with: | | | | Interview was held | | <input checked="" type="checkbox"/> In-Person | |
| Name: <u>Tremayne Dingle</u> | | | | | Phone: <u>254-4081</u> | | |
| Title: Check Box | | <input type="checkbox"/> Admn. | <input checked="" type="checkbox"/> SIC (Supervisor in Charge) | <input type="checkbox"/> Other staff | | | |
| Committee Members Present: <u>Jeri Hahner Barbara Mayer Judy Olevnik</u> | | | | Report Completed by: <u>Jeri Hahner</u> | | | |
| Number of Residents who received personal visits from committee members: <u>three</u> | | | | | | | |
| 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. (Required for Nursing Homes Only) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Staffing information is posted. | | <input 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 | <u>11 male residents - age range 25-78 yr</u> <u>2 diabetics</u> <u>Two need help bathing.</u> <u>Did not observe.</u> <u>Did not observe.</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. 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 | <u>Facility was in good order.</u> <u>Emergency lights all worked.</u> <u>Fire extinguishers in low green area.</u> <u>License up to date.</u> <u>Did not observe</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? <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>Fresh fruit available,</u> <u>Adequate supplies on hand.</u> <u>Two diabetic diets - 1 chopped food diet.</u> <u>Planned menu only if sick, etc.</u> <u>Activity calendar planned and posted; but, no outside group involvement.</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 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 checked="" type="checkbox"/> No | |
| 20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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.

N/A

N/A

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.

DHHS DOA-022/2004

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.

DHHS DOA-022/2004