

6/25

Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe		Facility Type -		Family Care Home		Facility Name:	
		<input checked="" type="checkbox"/> Adult Care Home		<input type="checkbox"/> Nursing Home		Richmond Hills Family Care #2	
		<input type="checkbox"/> Combination Home					
Visit Date	06/05/14	Time Spent in Facility	0 hr 10 min	Arrival Time	2:35	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of Person Exit Interview was held with			(Starla Fore in a conference)			Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn. <input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	<input checked="" type="checkbox"/> Other staff *we checked out with Denise/Property Mgr.				
254-4081	SIC Tremayne Dingle /		Roving sic's / Neather Henderson				
Rep							(Name & Title)

Committee Members Present: **Jerri Hahner Judy Olevnik** Report Completed by: **Jerri Hahner**

Number of Residents who received personal visits from committee members: **two**

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No **left updated copy**

The most recent survey was readily accessible. Yes No Staffing information is posted. Yes No **(Required for Nursing Homes Only)**

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11 Male residents Ages range 20s to 60s Laundry is done for resident The SIC makes beds & tidies room Did not observe - we talked with one resident who had lived there 4 years. Another resident showed us a drawing he made.
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? N/A <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. 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	The building was neat & clean. Only 3 residents were out and about during our visit.
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	Activities calendar was posted on each residents door. The SIC said the male residents do not participate in everything available to them. Diet is planned & there are special diet residents. They eat in the dining room unless infirm Fresh pears were out & available Food supply was ample.
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? Did not observe <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	

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.

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