

Community Advisory Committee Quarterly Annual Visitation Report

County BUNCOMBE	Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Family Care Home <input type="checkbox"/> Nursing Home	Facility Name: Richmond Hills Rest Home # 2
Visit Date	Time Spent in Facility hr 20 min	Arrival Time	1:20 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with Stella Fore		Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff <input checked="" type="checkbox"/>	
Rep TRISH REVIS, MEDTECH was serving as SIC <small>(Name & Title)</small>			

Committee Members Present: JUDY OLEVNIK, BARBARA MAYER	Report Completed by: Barbara Mayer
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Number of Residents who received personal visits from committee members: **3**

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 <small>(Required for Nursing Homes Only)</small>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 asked</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <i>not observed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you observe restraints in use? <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>12 residents 8 men, 4 women</i></p> <p><i>Age range 44-71</i></p> <p><i>2 diabetics</i></p> <p><i>most regular</i></p> <p><i>Food delivery - next day</i></p>

Resident Living Accommodations	Comments & Other Observations
<p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? [] Outside only [] Inside only [] Both Inside and Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Home was very clean</i></p> <p><i>lots of fruit in living room</i></p> <p><i>Activity calendar was being installed on each door.</i></p>

Resident Services	Comments & Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <i>some input</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <i>?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Residents are pleased with home, food, and activities</i></p>

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.

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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