

# 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"/> Combination Home	<input type="checkbox"/> Nursing Home

Facility Name: Redmond Hill # 1

Visit Date: 8/7/14 Time Spent in Facility: 20 hr 00 min Arrival Time: 1: 45 am  pm

Name: Catt Chalk (sic), Starke Fore ADAM Phone: 254-2145

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

Committee Members Present: John Bernhard, Van Harner Report Completed by: John Bernhard

Number of Residents who received personal visits from committee members: 4

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
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<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? <input checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents &amp; 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>12 residents - 3 male, 9 female</u>  <u>6 special diets</u>  <u>The bottom line: Excellent facility, outstanding</u>  <u>SIC and Administrator</u>  <u>One resident and his visitor talked at length about how good this is &amp; how bad previous facilities was</u></p>
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Resident Living Accommodations	Comments & Other Observations
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<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only [ ] Inside only [ ] Both Inside and Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input checked="" 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><u>A resident had birthday yesterday, and some cake remained; the SIC always goes to buy a cake when someone has a birthday; great fun always - Basket of fresh fruit including raspberries</u></p>
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Resident Services	Comments & Other Observations
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<p>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</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 &amp; snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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**Areas of Concern**

**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during next visit?

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.

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.

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