

Community Advisory Committee Quarterly/Annual Visitation Report

County BUNCOMBE	Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Family Care Home Nursing Home	Facility Name: <i>Richmond Hills Rest Home #1</i>
Visit Date 11/13/2015	Time Spent in Facility	hr 15 min	Arrival Time 1:55 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Starla Fore Admin.</i>		Interview was held <input type="checkbox"/> In-Person	
Phone	Admn.	SIC (Supervisor in Charge)	Other staff

Rep *Carole Joyner, Relief SIC / Jennifer Hawkins, Med Tech.*
(Name & Title)

Committee Members Present: *Claudia Sherry, Barbara Mayer* Report Completed by: *Barbara Mayer*

Number of Residents who received personal visits from committee members: **8**

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 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	<i>12 residents, 2 Men 10 women age range 24-70 Six residents were outside and 2 inside. All were satisfied with food and care</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? <i>not mentioned</i> <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? <i>not observed</i> <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>not observed</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input 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>Men's toilet needs new seating or more caulking. The residence was very clean inside and out.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>This is a well run home with happy residents.</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? <i>Somewhat</i> <input type="checkbox"/> Yes <input 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? <i>?</i> <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.

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.