

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe	Facility Type:				Facility Name: Richmond Hills Rest Homes #1									
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home										
		Combination Home		Nursing Home										
Visit Date	11/3/15	Time Spent in Facility		hr	15	min	Arrival Time	1	:	55		am	<input checked="" type="checkbox"/>	pr

Person Exit Interview was held with: Starla Fore	Interview was held	In-Person or Phone (Circle)
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Bobby Alexander	SIC (Supervisor in Charge)	Other Staff: (Name & Title) Jennifer Hawkins – Med Tech
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Committee Members Present: Barbara Mayer, John Bernhardt, Judy DeWitt	Report Completed by: Claudia Sherry
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Number of Residents who received personal visits from committee members:			
Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/> N
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"/>	Y	<input type="checkbox"/> N
Staffing information is posted.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No

Resident Profile	Comments & Other Observations			
1. Do the residents appear neat, clean and odor free?	!2 residents, 2 men & 10 women. Spoke with eight while visiting. Did not discuss specifically, but one resident said, "The staff take good care of us." Did not observe.			
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?				
3. Did you see or hear residents being encouraged to participate in their care by staff members?				
4. Were residents interacting w/ staff, other residents & visitors?				
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?				
6. Did you observe restraints in use?				
7. If so, did you ask staff about the facility's restraint policies?				
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; text-align: center;"><input checked="" type="checkbox"/> Yes</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Resident Living Accommodations				Comments & Other Observations	
9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Residents love living there. One new resident told me how much she liked the people, and she loves arts & crafts. She also added, "The food is real good."
10. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
0. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
1. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
2. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.					
3. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Did not observe use of call bells.					
Resident Services				Comments & Other Observations	
5. 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	The activities calendar for November was not yet posted, since this was the first weekday of the new month.
6. 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	
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
7. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	There are not choices for meals, but fruit (apples & oranges) and packaged snacks were available in the dining room to eat whenever desired.
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
8. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	One resident mentioned that several of the residents are picked up by churches to go to services on Sunday.
9. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
0. 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? No.

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.