

Community Advisory Committee Quarterly/Annual Visitation Report

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| County Buncombe | Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name Richmond Hills Rest Home #2 |
| Visit Date 11-3-15 | Time Spent in Facility hrs 15 min | Arrival Time am 2:10 pm |
| Name of Person Exit Interview was held with <u>Starla Fore</u> | | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone |
| Administrator <u>Starla Fore</u> | | |
| <input type="checkbox"/> SIC (Rachele - day off Supervisor in Charge) | | Other Staff Rep <u>Trish Revis, Med Tech</u> (Name & Title) |
| Committee Members Present: John Bernhardt, Judith DeWitt, Barbara Mayer, Claudia Sherry | | Report Completed by: Barbara Mayer |
| Number of Residents who received personal visits from committee members: 5 | | |
| 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 <i>(Required for Nursing Homes Only)</i> | Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No Did not ask</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 & 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 Did not observe</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input 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> | <ul style="list-style-type: none"> 11 residents, 7 men, 4 women An additional resident left for independent living 4 days earlier Age range 46-80 Diets include 1- 1800 cal. Diabetic 1- 2000 cal. No added salt The others are 2000 cal. Basic diet <p style="margin-left: 40px;">One resident is on Coumadin</p> |

| 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 <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & 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 & 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> | <ul style="list-style-type: none"> Very clean Apples and oranges are available in the living room Halloween decorations are coming down in preparation for Thanksgiving. |

| 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 & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No somewhat</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? <input checked="" 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 Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <ul style="list-style-type: none"> Residents are aware of all the activities even if they choose not to participate. Residents like the new Walmart in Weaverville Many residents have outside counselors who take them out when the residents qualify for special programs. Others rely on the Richmond Hills staff which provide several shopping trips/month. |

| Areas of Concern | Exit Summary |
|--|--------------|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>None</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.