

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b>				<b>Facility Name:</b>					
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	<input type="checkbox"/> Family Care Home		Richmond Hill Rest Home #4					
	<input type="checkbox"/> Combination Home	<input type="checkbox"/>	<input type="checkbox"/> Nursing Home							
<b>Visit Date:</b> 01 27 15	<b>Time Spent in Facility:</b>			hr 20	min	<b>Arrival Time:</b> 1 :		2 5	am	<input checked="" type="checkbox"/> pm
<b>Name of Person Exit Interview was held with:</b>						<b>Interview was held</b>		In-Person		
<b>Name:</b> Starla Fore								<b>Phone:</b> 254-4081		
<b>Title:</b> Check Box		<input checked="" type="checkbox"/> Admn.	<b>SIC (Supervisor in Charge)</b>			Other staff				

<b>Committee Members Present:</b> Barbara Mayer, Sally Foster, Judy Olevnik	<b>Report Completed by:</b> Judy Olevnik
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**Number of Residents who received personal visits from committee members:** 4 residents

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. Required for Nursing Homes Only</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This home has 12 residents: 7 males; 5 females (age range 30 to 70)
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 checked="" type="checkbox"/> No	
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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" 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
1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Area of Concerns on reverse side
2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. 2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
7. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. 4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did not observe

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	Did not observe any evidence of other groups
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	
7. 6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. 7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Does the Facility have a Resident's Council?

Yes  No

**Areas of Concern**

**Exit Summary**

Were 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.

Waste baskets in mens bathroom #4, womens bathroom #1 and shower room #2 were overflowing with paper towels.

All of these concerns were discussed with the administrator and was assured that the problems would be taken care of immediately.

Hazard room was unlocked

There was a large framed picture with glass front leaning against a wall. It needed to be hung up.

Emergency light in back hall had a bulb that needed to be replaced.

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.

DHHS DOA-022/2004