

*Handwritten initials/signature*

# Community Advisory Committee X Quarterly / Annual Visitation Report

County:  
Buncombe

Facility Type:				Facility Name			
<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home	Richmond Hills Rest Home #1			
<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home				

Visit Date 3.19.2018	Time Spent in Facility	0	H	15	min	Arrival Time	11	:	05	X	a	m	pm
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Person Exit Interview was held with:  
Bobby Alexander/SIC and Starla Fore/Administrator

Interview was held  In-Person or xxx (circle)

Bobby Alexander	<input checked="" type="checkbox"/>	SIC(Supervisor in Charge)	Other Staff: (Name & Title)	Starla Fore	Administrator
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Committee Members Present:  
Judy Dewitt, Jeri Hahner, Bob Tomasulo (Julia Gibson/ Ombudsman)

Report Completed by  
Jeri Hahner

Number of Residents who received personal visits from committee members: Five Residents were visited with. All happy.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resident Profile	Comments & Other Observation
<p>1. Do the residents appear neat, clean and odor free?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Were residents interacting w/ staff, other residents &amp; visitors?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Did you observe restraints in use?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If so, did you ask staff about the facility's restraint policies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Resident Living Accommodations**

**Comments & Other Observations**

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
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 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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Resident Services**

**Comments & Other Observations**

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are they given a choice about where they prefer	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>		<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input checked="" 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

**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.

The facility was neat and clean. The residents were very content with their situation. We delivered some paper back books and a large "coffee table" book for the residents.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

