



# Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe

Facility Type:	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Facility Name: Richmond Hill #2
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home	

Visit Date: 03/19/18

Time Spent in Facility:  hr 15 min

Arrival Time: 11 : 20  am  pm

Person Exit Interview was held with: **Trish Ravis**

Interview was held  In-Person or Phone (Circle)

SIC (Supervisor in Charge)

Other Staff: (Name & Title)

Committee Members Present: Bob Tomasulo, Jeri Hahner & Judy Dewitt

Report Completed by: Bob Tomasulo

Number of Residents who received personal visits from committee members:

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

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. 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?  Yes  No
- 9. Did you notice unpleasant odors in commonly used areas?  Yes  No
- 10. Did you see items that could cause harm or be hazardous?  Yes  No
- 11. Did residents feel their living areas were too noisy?  Yes  No
- 12. Does the facility accommodate smokers?  
Where?  Outside only  Inside only  Both Inside and Outside.
- 13. Were residents able to reach their call bells with ease?  Yes  No
- 14. Did staff answer call bells in a timely & courteous manner?  
If no, did you share this with the administrative staff?  Yes  No

**Resident Services**

**Comments & Other Observations**

- Yes  No
- Yes  No
- Yes  No
- Are they given a choice about where they prefer to dine?  
 Yes  No
- Yes  No
- Yes  No
- 19. Does the Facility have a Resident's Council?  
 Yes  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.

Facility was very clean!

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

