

Community Advisory Committee Quarterly /Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name									
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			Richmond Hill Rest Home #4									
Visit Date Nov. 30, 2017		Time Spent in Facility		0	H							10	min	Arrival Time	
							r							X	m
Person Exit Interview was held with: Tonya Craig / SIC and Starla Fore/Admin.									Interview was held		<input checked="" type="checkbox"/>	In-Person or xxx circle)			
Tonya Craig		<input checked="" type="checkbox"/> SIC(Supervisor in Charge)		Other Staff: (Name & Title)				Starla Fore Administrator							
Committee Members Present: Judy Dewitt Jeri Hahner Bob Tomasulo									Report Completed by Jeri Hahner						

Number of Residents who received personal visits from committee members: two

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. We left a copy. It was posted by the SIC.	<input type="checkbox"/> Yes	<input checked="" 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 Observation

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	There are 4 male residents and 6 female residents Age range from 20 to 70+s. The 20 year old says it is the best place he has been in - so age does not, at this point, seem problematic. _____ Did not ask about personal needs. _____ Did not observe _____ Only one resident in room with open door and he was focused on his cell phone. _____ 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?	<input type="checkbox"/> Yes	<input 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 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

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? [X] Outside only [] Inside only [] Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input checked="" 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

Fresh fruit in abundance. Comfortable living room and there were wall decorations.

___ Did not observe

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<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
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input 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

___ There was an activities calendar posted. At the time of our visit there were none scheduled.

___ Scheduled distribution

___ Diet mandated by NC State. Snacks are available. Popular snack items are provided.

___ Dining room; unless a health issue, etc. requires the resident to eat in their room.

___ Did not make note of that on the Activities Calendar

___ Residents can communicate with SIC or Administrator freely.

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 clean. The SIC had been shifted around through several homes at Richmond Hill. She was still in the process of settling in and getting Christmas decorations in place. There was nothing that looked in need of follow-up.

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

