

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Buncombe</i>	<b>Facility Type:</b>		<b>Facility Name:</b> <i>Riverside Village "H"</i>	
	<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home		
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		
<b>Visit Date:</b> <i>9-19-17</i>	<b>Time Spent in Facility:</b>	hr <i>30</i> min	<b>Arrival Time:</b> <i>4</i> : <i>15</i> am <input checked="" type="checkbox"/> pm	
<b>Name of Person Exit Interview was held with:</b>			<b>Interview was held:</b>	<input checked="" type="checkbox"/> In-Person

<b>Name:</b> <i>JAMES DANIEL</i>		<b>Phone:</b>
<b>Title:</b> <input type="checkbox"/> Check Box <input type="checkbox"/> Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	<input type="checkbox"/> Other staff
<b>Committee Members Present:</b> <i>Mary Adams Margie Fatta</i>		<b>Report Completed by:</b> <i>Mary Margie</i>

**Number of Residents who received personal visits from committee members:** *4*

<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.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	<b>Staffing information is posted.</b> <input 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 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 checked="" 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 checked="" 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 checked="" 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	<i>Everyone on porch talking            alot of Residents went to            Beach for 4 days</i>

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 12a. 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 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>house and bath room            clean and orderly</i>  <i>NONE</i>

Resident Services	Comments & Other Observations
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 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 16a. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>go to BM</i>  <i>Community games            + gettogethers</i>

**Areas of Concern**

**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during a next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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