



# Community Advisory Committee Quarterly/Annual Visitation Report



County:  
Buncombe

Facility Type:			
<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home
<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home

Facility Name:  
**Richmond Hills Rest home #2**

Visit Date 08/10/18	Time Spent in Facility	hr	15	min	Arrival Time	11	:	15	<input checked="" type="checkbox"/>	am	<input checked="" type="checkbox"/>
------------------------	------------------------	----	----	-----	--------------	----	---	----	-------------------------------------	----	-------------------------------------

Person Exit Interview was held with: <b>Natasha Rios</b>	Interview was held Yes	<input checked="" type="checkbox"/>	(In-Person) or Phone (Circle)
--	------------------------	-------------------------------------	-------------------------------

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
----------------------------	-----------------------------

Committee Members Present: Don Streb, Bob Tomasulo, Jeri Hahner	Report Completed by: Bob Tomasulo
--	--------------------------------------

Number of Residents who received personal visits from committee members: <b>2</b>	
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No
--	--

### Resident Profile

### Comments & Other Observations

- Do the residents appear neat, clean and odor free?  Yes  No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No
- Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
- Were residents interacting w/ staff, other residents & visitors?  Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
- Did you observe restraints in use?  Yes  No
- If so, did you ask staff about the facility's restraint policies?  Yes  No

10 residents 6 men & 4 women

Not discussed

Residents and staff seemed very comfortable with us being there and very friendly with us and each other.

**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

Shower room 2 had rust around toilet. Needs attention

Call bell use not observed

**Resident Services**

**Comments & Other Observations**

- 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
Can residents access their monthly needs funds at their convenience?  Yes  No
- 17. Are residents asked their preferences about meal & snack choices?  
Are they given a choice about where they prefer to dine?  Yes  No
- 18. Do residents have privacy in making and receiving phone calls?  Yes  No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups?  yes  No
- 20. Does the Facility have a Resident's Council?  Yes  No

Plenty of fresh fruit

**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? No

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

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

