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# Community Advisory Committee Quarterly/Annual Visitation Report

County: <b>Buncombe</b>	Facility Type:		Facility Name:	
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>Richmond Hills #2</i>	
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home			
Visit Date <i>11/27/18</i>	Time Spent in Facility	hr <i>23</i> min	Arrival Time	<i>11:55</i> <input checked="" type="checkbox"/> am

Person Exit Interview was held with: *Kaitlin Greene, Interim SIC*

Interview was held  In-Person or  P (Circle)  in pers

SIC (Supervisor in Charge)

Other Staff: (Name & Title)

Committee Members Present: *Anne Hinks, Peggy Franc*

Report Completed by: *Peggy Franc*

Number of Residents who received personal visits from committee members: *3*

Resident Rights Information is clearly visible.  Y  N

Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible. (Required for Nursing Homes Only)  Y  N

Staffing information is posted.  Yes  No

Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Did you observe restraints in use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Resident Living Accommodations Observations			
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" 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

Resident Services	Comments & Other Observations
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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 checked="" type="checkbox"/> Yes	<input 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	<i>Did not observe</i>
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Did not observe</i>

Areas of Concern	Exit Summary
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<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>Facility was spotlessly clean</i>  <i>Residents enjoyed their Thanksgiving dinner as well as the left-overs (Ryan's)</i>  <i>Two residents did mention that one staff person consistently burns all the food</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>
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