

Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe		Facility Type:				Facility Name: Richmond Hill 1											
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home												
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home												
Visit Date	9/20/16	Time Spent in Facility		<input type="checkbox"/>	hr	30	min	Arrival Time	1	:	20		am	<input checked="" type="checkbox"/>	pm		
Person Exit Interview was held with: Starla Fore (Admin), Bobby Alexander (SIC), Jennifer Hawkins (Med Tech)								Interview was held		In-Person							
Admin		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		<input checked="" type="checkbox"/>	Other Staff: (Name & Title)											
Committee Members Present: John Bernhardt, Judy DeWitt										Report Completed by: John Bernhardt							
Number of Residents who received personal visits from committee members: 5																	
Resident Rights Information is clearly visible.					<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	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"/>	Yes	<input type="checkbox"/>	No	Staffing information is posted.					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Resident Profile								Comments & Other Observations									
1. Do the residents appear neat, clean and odor free? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input checked="" type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>								Two residents are male, the rest are female. Three females were sitting on the porch not smoking but just talking. A man from another building came up to sit and talk with them. The campus is all very compatible, residents often visit with those in another building.									
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>																	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>																	
4. Were residents interacting w/ staff, other residents & visitors? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input checked="" type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>																	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>																	
6. Did you observe restraints in use? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input checked="" type="checkbox"/></div> <div>No</div> </div>																	
7. If so, did you ask staff about the facility's restraint policies? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>																	
Resident Living Accommodations Observations								Comments & Other									
8. Did residents describe their living environment as homelike? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input checked="" type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input type="checkbox"/></div> <div>No</div> </div>								Several said they could go into town to spend their money but they didn't really want to go. One long-term resident has painted excellent pictures. Another had made elaborate chains									
9. Did you notice unpleasant odors in commonly used areas? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>Yes</div> <div style="text-align: center;"><input checked="" type="checkbox"/></div> <div>No</div> </div>																	

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 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

of paper curls and festooned her room with them. Her furniture was arranged in way that felt at home, not in a facility, with the bed positioned diagonally across the room rather than flush against one wall.

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Areas of Concern	Exit Summary
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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.**
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

