

## Community Advisory Committee Quarterly /Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b>				<b>Facility Name</b> RICHMOND HILLS #5												
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home													
		Combination Home		Nursing Home													
<b>Visit Date</b> 4.23.2017	<b>Time Spent in Facility</b>			0	H	r	10	min	<b>Arrival Time</b>	10	:	5	8	<input checked="" type="checkbox"/>	a	m	pm
<b>Person Exit Interview was held with: DAWN ODETT and STARLA FORE</b>										<b>Interview was held</b>		<input checked="" type="checkbox"/> <b>In-Person or xxx circle)</b>					

<b>DAWN ODETT</b>	<input checked="" type="checkbox"/>	<b>SIC(Supervisor in Charge)</b>	<input checked="" type="checkbox"/>	<b>Other Staff: (Name &amp; Title)</b> STARLA FORE	<b>ADMINISTRATOR</b>
<b>Committee Members Present:</b> JUDY DEWITT and JERI HAHNER				<b>Report Completed by</b> JERI HAHNER	

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

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<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. (Required for Nursing Homes Only)</b>	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Staffing information is posted. ADMINISTRATOR WAS POSTED</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observation
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No         </p>	<p>10 MALE RESIDENTS APPROX AGE RANGE 30s to 70s</p> <p>3 RESIDENTS NEED MONITORING WHILE BATHING</p> <p>DID NOT OBSERVE</p> <p>DID NOT OBSERVE</p>
<p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i></p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No         </p>	
<p>3. Did you see or hear residents being encouraged to participate in their care by staff members?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </p>	
<p>4. Were residents interacting w/ staff, other residents &amp; visitors?</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No         </p>	
<p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No         </p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </p>	

**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? <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
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

DID NOT OBSERVE

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 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
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 to dine?	<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 type="checkbox"/>	Yes	<input type="checkbox"/>	No

**TAKEN INTO CONSIDERATION. FLOWER BEDS HAVE BEEN ADDED TO THE PARKING AREA IN FRONT OF THE HOMES AT THE SUGGESTION OF THE RESIDENTS.**

**TWO DAYS ARE SET ASIDE FOR DISTRIBUTION OF FUNDS.**

**MENU IS REGULATED BY THE STATE. FRESH FRUIT WAS AVAILABLE FOR SNACKS. ABLE TO DINE IN THEIR ROOM IF ILL OR SOME OTHER SPECIAL CIRCUMSTANCE.**

**DID NOT OBSERVE INFORMAL DISCUSSIONS.**

**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.

EVERYTHING LOOKED IN GOOD SHAPE.

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

