

Community Advisory Committee Quarterly / Annual Visitation Report

County: Buncombe	Facility Type:				Facility Name												
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			RICHMOND HILL FAMILY CARE HOME #4												
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home															
Visit Date 3.9.2017	Time Spent in Facility	0	H	15					min	Arrival Time	10	:	4	:	5		X

Person Exit Interview was held with: JENNIFER FRISBEE Sic :& STARLA FORE Admin	Interview was held	<input checked="" type="checkbox"/>	In-Person or xxx circle)
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Jennifer Frisbee	SIC(Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: JUDY DEWITT, JERI HAHNER, BOB TOMASULO	Report Completed by JERI HAHNER
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Number of Residents who received personal visits from committee members 2-3 POSITIVE RESPONSES

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. BROUGHT NEW TEAM INFORMATION AND POSTED IT	<input 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. Did not observe	<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>12 Residents / 6 men and 6 women Ages approximately 50s to 80s</p> <p>3 are minimally assisted with bathing</p> <p>Laundry is done for the residents; however, 2 prefer loading their own things. The SIC does the soap, etc</p>
<p>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Were residents interacting w/ staff, other residents & 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 checked="" 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>	

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.

THE RESIDENTS AND THE SICs SEEMED VERY SATISFIED WITH THEIR SITUATIONS.
ALL EMERGENCY LIGHTS WERE FUNCTIONAL.

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