

## Community Advisory Committee (Quarterly)/Annual Visitation Report

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Facility Name:</b>  <b>Richmond Hills Rest Home #4</b>								
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home									
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home									
<b>Visit Date</b> 5/23/2017	<b>Time Spent in Facility</b>			hr	15	min	<b>Arrival Time</b>	10	:	45	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm
Person Exit Interview was held with: Stara Fore							Interview was held		<input checked="" type="checkbox"/>	(In-Person) or Phone (Circle)				

Tamra Pierson	<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b> She is also med. tec
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<b>Committee Members Present:</b> Judy DeWitt, Jeri Hahner	<b>Report Completed by:</b> Judy DeWitt
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<b>Number of Residents who received personal visits from committee members: 5</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	
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Both residents and staff seemed content. We talked with 3 residents.
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 type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Did not discuss this with residents. None seemed to need assistance.
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did not observe but no residents seem to have difficulty with communicating.
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**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 checked="" 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

Very clean.

**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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Place is always clean and both staff and residents have no complaints. A please to go there.

They can get options for meals. Staff seems careful with serving healthy meals. 3 residents are diabetic