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	Commun	nity Advisory Committee Quar	tanky/t manak ¥72-24 m
	County	Facility Type - Tramily Care Home	terry/Annual visitation Report
	11-1	Adult Care Home Nursing Home	Facility Name
-	Henderson	Combination Home	Blue Ridge Rati
-	Visit Date 3/22/18	Time Counting Countin	Blue Ridge Retirement Cente
- 1	Name of Person Exit Interview was held with		nterview was held 🖾 Person OPhone OAdmn. OSIC (Supervisor in Charge)
L	20ther Staff Rep Denice Solo Committee Members Present	man RCC (Name &Title)	Supervisor in Charge)
	Calvin Titus An	nic Brookey Kothleen i	Report Completed by:
Ī	Number of Residents who received personal vi	isits from committee whether	lina Kartheen Dunn
	Resident Rights Information is clearly visible.	AVes F1 No.	
1	The most recent survey was readily accessible. Elyes & No		Ombudsman contact information is correct and clearly posted. See 3 No
	(Required for Nursing Homes Only)		Staffing information is posted. Yes No
	Resident Profile		Comments & Other Observations
1	 Do the residents appear neat, clean and odo 	r free? Øyes 🗇 No	
2	Did residents say they receive assistance with personal care activities		Several residents watching
Ex. brushing their teeth, combing their hair, inserting dentures or cleaning			TUIN Common room - 8 thang.
İ	their eyeglasses? <a>TYes No		in noom. All visited
3	Did you see or hear residents being encourage	ged to participate in their care	restirs 1 the time to the
by starr members? (11 yes 1) No			resting in room. All visited expressed setisfation will
4. Were residents interacting w/ staff, other residents & visitors? EXYES No			Jacility. Seen to enjoy Visits with LOS members.
5. Did staff respond to or interact with residents who had difficulty			Wite 1911 185 members.
	communicating or making their needs known	verbally? ∰Yes ☐ No	DISTISMAN ESTIMATION
6.	. Did you observe restraints in use? 🎞 Yes 🛈 I	No ,	101 20
7.	If so, did you ask staff about the facility's restr	zint policies? @Yes@No	Beds 38/42 residence
-	Resident Living £	Accommodations	Comments & Other Observations
8.	Did residents describe their living environmen	t as homelike? BYes ONo	
9. Did you notice unpleasant odors in commonly used areas? Tyes Schlo			facility appears clean- any mess clean almost inmediate - Appeared instead when member colvin arriveleasly -
10. Did you see items that could cause harm or be hazardous? : "Wes Who			any mess clean a most
11. Did residents feel their living areas were too noisy? Yes in No			I immediate - An peared
12. Does the facility accommodate smokers? Yes No			I when member
12a. Where? ① Outside only ② Inside only ② Both Inside & Outside.			less Tild sovieties
13. Were residents able to reach their call bells with ease? Dives D No			Calvin arriver action
14. Did staff answer call bells in a timely & courteous manner? ☐Yes ☐ No 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No			4
Resident Services			-Blinds yok
15	Were residents asked their preferences or op		Comments & Other Observations
	planned for them at the facility? Wyes D No	mions about the activities	Very pleasant, clever
16.	Do residents have the opportunity to purchase		
	choice using their monthly needs funds? Ex	e personal nems of their	activities director scent
16a	a. Can residents access their monthly needs fu	nds at their convenience?	to enjoy residents Residents expected to make Residents expected to make Staff reports limited in many things to improve services the formate
	☑ Yes ☐ No	une er men contacticites.	To enjoy & sidens
17.	Are residents asked their preferences about m	neal & snack choices?	Assilate expected to make
;	☑ Yes ☑ No		residents in sible
17a	. Are they given a choice about where they pre	efer to dine? (9 Yes (1) No	own beds it possible
18.	Do residents have privacy in making and recei	ving phone calls?	1 RF monte limited in
1	≝Yes E No		Start reprise
19.	Is there evidence of community involvement fro	om other civic, volunteer or	many things
	religious groups? Tyes W No		convice the for corporati
	Does the facility have a Resident's Council?	Yes Ta No	
	Family Council? Tyes Tho		timited limits!
	Areas of Concern		Exit Summary
Are t	there resident issues or topics that need follow	-up or review at a later time or during the next	Discuss items from "Areas of Concern" Section as well as any changes
7,01(· · · · · · · · · · · · · · · · · · ·	
			Report some mattress jell
	Jubstitute me	enu seems uncerta	ia. check Menus - M
			1 -11

Did residents report concern overmattresses?