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Community Advisory Committee Quarterly/Annual Visitation Report

Jounty:	Facility Type:		·-····································			Facility Name	:		
HENDER SON	Family (Care Ho	me	BLUE RIDGE RETIREMENT					
". 'I D .	Combination Hon	ne	Nursing	Home		PLOF ICI	DGE	KEITKEMENT	
'isit Date A PR. 19, 2017	Time Spent in Facility		i hr	30	min	Arrival Time	Н:	oo am 🔀 pm	
	on Exit Interview was he	ld with:				nterview was he	eld	In-Person	
STEPHANTE BICE					•		Phone	(828)693-0871	
	Admn.		SIC (Super	isor in Ci	harge)				
ommittee Members Present: CALTITUS — MARTHA SACHS-BERNIE BRODSKY Umber of Residents who received personal visits from committee members:									
umber of Residents who received per	construicite from commi	2012	91200	2 K	7			CAL ITUS	
		ittee men						·····	
esident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted.									
he most recent survey was readily acc	essible. Yes	No	0. 50					Yes No	
Required for Nursing Homes Only)		-نئير i	Staffing	nforma	ition is po	sted.		100	
Resident Profile		•			Co	mments & Oth	er Obse	ervations	
Do the residents appear neat, clean a	nd odor free?	X	res 🔝	No					
Did residents say they receive assista	nce with personal care		-			AFTERNO			
stivities, Ex. brushing their teeth, combi	ng their hair, inserting	, , , , ,	و ا	[MANY	RESIDE	V73	PLAYING	
intures or cleaning their eyeglasses?	accuracy of the mostleters to	Y	es	No		Buck Par	160	(For Prises)	
Did you see or hear residents being er their care by staff members?	icouraged to participate	<u> </u>	/ 						
Were residents interacting w/ staff, oth	or regidents (Luis 4-110)	L	. —	1		•	-	PLEASANT	
Did staff respond to or interact with res	er residents & visitors?		es	No	APPE	LANCES	, FA	IR AMOUNT	
mmunicating or making their needs known	own verhally?		'aa	N-	of in	TEM ACTION	J Am	1 ON 65T THE	
Did you observe restraints in use?	own verbally:		<u> </u>	NO OF INTELACTION AMONGST THE OR NO RESIDENTS					
	do roofroint - allata o	 	1	'•	(JED. J			
in 30, and you ask stall about the lacilly	S Testraint noticies?	1 1 V	ΔC 111	Ma I					
If so, did you ask staff about the facility Resident Living Accomm	s restraint policies?	Y	es	Vo	Con	nmants & Other	Obcorv	-11	
Resident Living Accomm Did residents describe their living envir	odations onment as homelike?			No.	-	nments & Other			
Resident Living Accomm Did residents describe their living envir Did you notice unpleasant odors in con	onment as homelike? nmonly used areas?	Υ	es	No l	FACIL	ITY WAS	ΑΤΛ	ACTFICLY	
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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?

ACTIVITY DIRECTORY MUCH TO SMALL AND AT A 1416H LOCATION Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

ADULT DIAPER STORAGE IS NOW LOCKED WHICH NOW PREVENTS RESIDENT'S I.D.

This Document is a PUBLIC RECORD. <u>Do not identify any Resident(s)</u> by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.

DHHS DOA-022/2004

CATHY WILSON ADM. - LOCATED AT CANDINAL CARE
15 IN CHARGE OF FINANCES AND BOOK KEEPING
SANITATION 95.5 CENSUS: 31 of 42