

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Buncombe	<b>Facility Type:</b>				<b>Facility Name:</b> Mountain Ridge Health & Rehab			
	<input type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home				
	<input type="checkbox"/>	Combination Home	<input checked="" type="checkbox"/>	Nursing Home				

<b>Visit Date</b>	5/11/17	<b>Time Spent in Facility</b>		hr	50	min	<b>Arrival Time</b>	2	:	10		a	<input checked="" type="checkbox"/>	pm
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<b>Person Exit Interview was held with:</b>	<b>Interview was held</b>	<b>In-Person</b>
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**Andrew Beyers, Administrator**

<b>Adm</b>	<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>		<b>Other Staff: (Name &amp; Title)</b>	
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<b>Committee Members Present:</b> John Bernhardt, Diane Duermit	<b>Report Completed by:</b> John Bernhardt
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**Number of Residents who received personal visits from committee members: 8**

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residents are long term and rehab, many from McDowell County but also referrals from Mission Hospital when being discharged. Located almost on the McDowell County line, many of the staff from there.  Residents clean and appropriately dressed.
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 checked="" 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 type="checkbox"/> No	
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	
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 Observations	Comments & Other
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Several family members very pleased with the care being given and the staff. They highly recommended the facility.
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 type="checkbox"/>	No
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? <input 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
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Residents said call bells are answered, but not always promptly.

Resident Services	Comments & Other Observations
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15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input 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
17a. Are they given a choice about where they prefer to dine?	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Much use of the Just Press Play program, tablets equipped with files of music chosen for the residents or appropriate to them.

Areas of Concern	Exit Summary
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**Areas of Concern**

Discuss items from **"Areas of Concern"** Section as well as any changes observed during the visit.

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

