

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Swain		<b>Facility Type:</b>				<b>Facility Name:</b> Brookdale Asheville Walden Ridge (formerly Clarebridge)												
		<input checked="" type="checkbox"/>	Adult Care Home									Family Care Home						
			Combination Home									Nursing Home						
<b>Visit Date</b>	6/2 /15		<b>Time Spent in Facility</b>			hr	30	min	<b>Arrival Time</b>		11	:	1		<input checked="" type="checkbox"/>	am		pr
<b>Person Exit Interview was held with:</b> Dee Brooks, RN, Executive Director										<b>Interview was held</b>			<b>In-Person or Phone (Circle) in person</b>					
		<b>SIC (Supervisor in Charge)</b>			<b>Other Staff: (Name &amp; Title)</b>													
<b>Committee Members Present:</b> Bob Tomasulo, Peggy Franc										<b>Report Completed by:</b> Peggy Franc								

**Number of Residents who received personal visits from committee members: 1**

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Ombudsman contact information is correct and clearly posted. updated on day of visit</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Staffing information is posted.</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Unable to communicate with 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?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike?	Unable to communicate with residents

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 checked="" 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 checked="" 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

Unable to communicate with residents

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input 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 type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Facility has residents experiencing various stages of dementia.**

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

- We did find one resident who seemed able to communicate with us and who seemed quite content. She had only been there about 2 months.
- New Executive Director is working on staff morale. Is planning several outings for staff, and for staff and residents.

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

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