

COMMUNITY ADVISORY COMMITTEE QUARTERLY VISITATION REPORT

County Buncombe		Date 09/08/15	Facility Name Brookdale Asheville Walden Ridge	
Number of Residents Visited:2		Length of Visit: <u> </u> hour <u>20</u> min		Facility Type <input checked="" type="checkbox"/> Adult Care Home (ACH) <input type="checkbox"/> Family Care Home (FCH) <input type="checkbox"/> Nursing Home (NF)
Report Completed by: Bob Tomasulo				
Other Members Present: Peggy Franc				RLTCO Office Use Only: <input type="checkbox"/> Reviewed <input type="checkbox"/> Entered in ODIS <input type="checkbox"/> cc: Facility <input type="checkbox"/> cc: DSS (ACH only)
Exit Review Conducted With: Dee Brooks Title:Administrator				
Posted	Residents Rights	Ombudsman Contact	Staffing Information	
Yes	x	x	x	
No				

WHAT RESIDENTS REPORT DURING INTERVIEW		YES	NO	ADDITIONAL INFORMATION
Are you aware you have rights as a resident here?	x			
Do you feel treated with respect, consideration, dignity, and privacy as a resident here?	x			
Are you able to make complaints/suggestions without fear of retaliation?	x			
Are you free from mental and physical abuse?	x			
Do you know what to do if you are mistreated here?	x			
Is your personal/medical information kept confidential?	x			
Are you asked for input with planned activities?	x			
Do you enjoy the activities offered by the facility?	x			
Is your personal care provided in a way you like?	x			
Do you receive a response to your requests?	x			
Can you access your personal needs funds when requested? If no, why?	x			
Does the home encouraged personalization of your room?	x			
Do you feel safe and secure here?	x			
Do you feel the home is too noisy? If so, when and where?			x	
Are you permitted to smoke here? If so, are you aware of the smoking policy?			x	
Can you reach the call bell?	x			
Does staff answer your call bell timely?	x			
Do they ask what you prefer to eat?	x			
Do you get to seat where you like during meals?	x			

WHAT CAC MEMBERS OBSERVE		Yes	No	OBSERVATIONS
Residents appear neat, clean and odor free?	x			
Residents are up and out of bed/room and socializing?	x			
Staff interact respectfully with residents who have difficulty communicating or making needs known.	x			
Call bells/lights appear to be accessible and answered timely.	x			
Staff support residents' right to privacy and dignity.	x			

AREAS OF CONCERN	EXIT REVIEW SUMMARY
Residents have limited ability to communicate but appeared well cared for and no problems were noted.	Summarize exit review. Note issues requiring follow-up. Issue: _____ Follow-up by date: _____ By whom: _____