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# Community Advisory Committee Quarterly/Annual Visitation Report

Facility Name: **Emerald Ridge**

Facility Type:  
 Adult Care Home  
 Family Care Home  
 Combination Home  
 Nursing Home

Arrival Time: **9** : **30** (am) pm

Time Spent in Facility: **1** hr **30** min

Interview was held:  In-Person

Date: **3/10/14**

Name of Person Exit Interview was held with: **Carol Millican DON**

Phone: **828-645-6619**

Report Completed by: **Judy McDonough**

Other staff: **Judy McDonough**

Committee Members Present: **Karaine Webster & Judy McDonough**

Number of Residents who received personal visits from committee members: **8 + 5 (13)**

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted.  Yes  No

Most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

*(required for Nursing Homes Only)*

**Resident Profile**

Do the residents appear neat, clean and odor free?  Yes  No

Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No

Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No

Were residents interacting w/ staff, other residents & visitors?  Yes  No

Do staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No

Did you observe restraints in use?  Yes  No

If so, did you ask staff about the facility's restraint policies?  Yes  No

Comments & Other Observations: **on locked unit - both lap buddies @ straps**

**Resident Living Accommodations**

Did residents describe their living environment as homelike?  Yes  No

Did you notice unpleasant odors in commonly used areas?  Yes  No

Did you see items that could cause harm or be hazardous?  Yes  No

Did residents feel their living areas were too noisy?  Yes  No

Does the facility accommodate smokers?  Yes  No

Where?  Outside only [ ] Inside only [ ] Both Inside and Outside

Were residents able to reach their call bells with ease?  Yes  No

Did staff answer call bells in a timely & courteous manner?  Yes  No

If no, did you share this with the administrative staff?  Yes  No

Comments & Other Observations: **yes w/ MD orders on file**  
**Not observed DNA**

**Resident Services**

Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No

Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No

Can residents access their monthly needs funds at their convenience?  Yes  No

Are residents asked their preferences about meal & snack choices?  Yes  No

**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?

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

Resident in ~~Room 101~~ need rip sewn in dress - can do it herself if needle & thread are provided.  
-has clothes that no longer fit?

will check this out

Problem in ~~Room 101~~ will be brought to Ruth Price, Ombudsman's attention.

- Knew about this

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DHHS DOA-022/2004

? "Smoking Shed" status - \$ not get approved

Kudos:

Best quote: "Everybody here is swell."

Most folks appeared content, & satisfied with care & activities.

SO HAPPY to see Beauty Shop busy!

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