6 copies

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: [✓] Adult Care Home [ ] Family Care Home [✓] Combination Home [ ] Nursing Home

Facility Name: Blue Ridge Retirement

Visit Date: 10/13/15 | Time Spent in Facility: 1 hr 15 min | Arrival Time: 12:30 [ ] am [✓] pm

Name of Person Exit Interview was held with: Brandie

Interview was held: [✓] In-Person

Phone:

Title: Check Box [✓] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff

Committee Members Present: Brodsky, Carruth, Sachs, Titus

Report Completed by: Martha Sachs

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. [✓] Yes [ ] No

Ombudsman contact information is correct and clearly posted. [✓] Yes [ ] No

The most recent survey was readily accessible. (Required for Nursing Homes Only) [ ] Yes [ ] No

Staffing information is posted. [✓] Yes [ ] No

## Resident Profile

| | Yes | No |
|---|---|---|
| Do the residents appear neat, clean and odor free? | ✓ | |
| Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* | | |
| Did you see or hear residents being encouraged to participate in their care by staff members? | ✓ | |
| Were residents interacting w/ staff, other residents & visitors? | ✓ | |
| Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | | |
| Did you observe restraints in use? | | ✓ |
| If so, did you ask staff about the facility's restraint policies? | | |

### Comments & Other Observations

The combination of residents is somewhat unusual. Some have been placed here by "guardians," but seem capable of independent living — go out & walk in community, shop, etc.

## Resident Living Accommodations

| | Yes | No |
|---|---|---|
| Did residents describe their living environment as homelike? | ✓ | |
| Did you notice unpleasant odors in commonly used areas? | | ✓ |
| 3. Did you see items that could cause harm or be hazardous? | | ✓ |
| 1. Did residents feel their living areas were too noisy? | | ✓ |
| 2. Does the facility accommodate smokers? | ✓ | |
| 2a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside. | | |
| 3. Were residents able to reach their call bells with ease? | | |
| 4. Did staff answer call bells in a timely & courteous manner? | | |
| 4a. If no, did you share this with the administrative staff? | | |

### Comments & Other Observations

44 beds, 6 vacancies. They are replacing blinds & lampshades, painting — 3 rooms at a time.

## Resident Services

| | Yes | No |
|---|---|---|
| 5. Were residents asked their preferences or opinions about the activities planned for them at the facility? | | |
| 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | | |
| 6a. Can residents access their monthly needs funds at their convenience? | | |
| 7. Are residents asked their preferences about meal & snack choices? | | |
| 7a. Are they given a choice about where they prefer to dine? | ✓ | |
| 8. Do residents have privacy in making and receiving phone calls? | | |
| 9. Is there evidence of community involvement from other civic, volunteer or religious groups? | | ✓ |
| 9. Does the Facility have a Resident's Council? | ✓ | |

### Comments & Other Observations

| 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? one resident, learning to walk with a walker, was unaccompanied and fell against 2 staff & me | Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. |

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