

Community Advisory Committee Quarterly/Annual Visitation Report

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| County <i>Henderson</i> | Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Family Care Home <input type="checkbox"/> Nursing Home | Facility Name: <i>Blue Ridge</i> |
| Visit Date <i>2/20/14</i> | Time Spent in Facility hr: <input type="text"/> min: <input type="text"/> | Arrival Time 10: <input type="text"/> : <input type="text"/> (am) <input checked="" type="checkbox"/> (pm) <input type="checkbox"/> | Interview was held <input checked="" type="checkbox"/> In-Person |
| Name of Person Exit Interview was held with <i>Brandy</i> | | Interviewer <i>Brandy</i> (Name & Title) | |
| Phone | Admn. | SIC (Supervisor in Charge) | Other staff |

Committee Members Present: *Larry Kosowski, Nancy Miravilla, Nancy Sloan, Michele Langston*

Report Completed by: *Michele Langston*

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. Yes No

Required for Nursing Homes Only: Staffing information is posted. Yes No
Brandy states there is very little turn over

| Resident Profile | Comments & Other Observations |
|---|--|
| Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>6 beds closed due to water leak (frozen pipes) & closed for 40 beds sprinkler probe Meal plan posted + OK. Sanitation 96.5 Kitchen 97.5 Shale 102.5 N/A</i> |
| 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 | |
| Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |

| Resident Living Accommodations | Comments & Other Observations |
|---|---|
| Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>previous chain issue noted has been resolved. for joint adv of wine Brandy will follow up.</i> |
| Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | |
| 3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | N/A |
| 4. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Resident Services | Comments & Other Observations |
|--|-------------------------------------|
| 5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>activity Board is up to date</i> |
| 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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.

Waiting for State Review
(inspection)

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