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# Community Advisory Committee Quarterly/Annual Visitation Report

County:

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

Facility Name: Blue Ridge Retirement

Visit Date: 2-6-16

Time Spent in Facility: hr min

Arrival Time: : 1 2 am ✓ pm

Name of Person Exit interview was held with: Kathy Wilson Adm.

Interview was held: In-Person

Name: Bernard Brodsky

Phone: 828-693-0871

Title: Check Box | Admn. | SIC (Supervisor in Charge) | Other staff

Committee Members Present: Bernie Brodsky - Aubrey Carruth Calvin Titus - Martha Sachs - Nancy Sloan

Report Completed by: Bernie Brodsky

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

| | | |
|---|---|---|
| 1. Do the residents appear neat, clean and odor free? | ✓ Yes | No |
| 2. 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 |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | Yes | No |
| 4. Were residents interacting w/ staff, other residents & visitors? | ✓ Yes | No |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | ✓ Yes | No |
| 6. Did you observe restraints in use? | Yes | ✓ No |
| 7. If so, did you ask staff about the facility's restraint policies? | Yes | No |

### Comments & Other Observations

Older Facility needing upgrades 2-Beds in a room. 48 Rooms 9 Vacant. Private Pay 3 - State/County Assit. Private Ins. 4 Star Rating by the State 95 Rate Satisfaction

## Resident Living Accommodations

| | | |
|---|---|---|
| 8. Did residents describe their living environment as homelike? | ✓ Yes | No |
| 9. Did you notice unpleasant odors in commonly used areas? | Yes | No |
| 10. Did you see items that could cause harm or be hazardous? | ✓ Yes | No |
| 11. Did residents feel their living areas were too noisy? | Yes | No |
| 12. Does the facility accommodate smokers? | ✓ Yes | No |
| 12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside. | | |
| 13. Were residents able to reach their call bells with ease? | Yes | No |
| 14. Did staff answer call bells in a timely & courteous manner? | Yes | No |
| 14a. If no, did you share this with the administrative staff? | Yes | No |

### Comments & Other Observations

On visitation, always a change in personnel. Lunch menu posted without alternate listed. Bingo every day "Hillbilly-Bingo", includes a deck of cards

## Resident Services

| | | |
|---|---|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? | Yes | No |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | Yes | No |
| 16a. Can residents access their monthly needs funds at their convenience? | Yes | No |
| 17. Are residents asked their preferences about meal & snack choices? | ✓ Yes | No |
| 17a. Are they given a choice about where they prefer to dine? | ✓ Yes | No |
| 18. Do residents have privacy in making and receiving phone calls? | Yes | No |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? | Yes | No |
| 20. Does the Facility have a Resident's Council? | Yes | No |

### Comments & Other Observations

Sign's on door To Laundry marked "Locked" found open — Utility room with tools the same