

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Henderson</i>	Facility Type:		Facility Name:			
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>Blue Ridge Retirement</i>			
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home					
Visit Date: <i>5/22/15</i>	Time Spent in Facility: <i>1</i> hr <i>0</i> min		Arrival Time: <i>3:00</i>	am <input checked="" type="checkbox"/> pm		
Name of Person Exit Interview was held with:			Interview was held <i>10</i> In-Person			
Name: <i>Tequill Cribb CNA - Med Tech</i>			Phone: <i>828-693-0871</i>			
Title: Check Box <input type="checkbox"/>	<input type="checkbox"/> Admn.	SIC (Supervisor in Charge)		<input checked="" type="checkbox"/> Other staff		

Committee Members Present: *Aubrey Caruth, Martha Lachs, Bernice Brodsky, Calvin Lites, Kathleen Dinn*

Report Completed by: *Kathleen Dinn*

Number of Residents who received personal visits from committee members: *20+*

Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

ALF - mostly self care, residents of dress, gathered around dining room consistently moving - seem excited - atmosphere become chaotic, environment unsuitable to this reporter. Appears to be little supervision. Halls appear clean, doors cluttered. One resident sitting in hall in wet pants - CNA says wants to change self - open trash basin floor, cleaning about dir

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

No toilet paper holders in BR. Smoking area on patio. Unsupervised. Residents come & go in bldg with no record kept. Large activities posted. Old menu posted, sandwich alternative meal. CNA designated charge person. If staff present - 1 cook - locked in kitchen no patient contact, 1 activity person

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

No activities at this time. 1 CNA - Med Tech, 1 housekeeper. Both activities person and CNA in med room all of visit - CNA has infant with her. ALF Director Brandy Blanton not in facility, not available in "shopping" information, reports discussed with CNA. TC to Director by this reporter 5/27 - not present in bldg, not available.

5/7 TC to BR Brandy Blanton 10AM not available or in bldg. Med Tech Stacy Collins Charge

*Census: 35/40
Sanitary - bldg 95.5
Kitchen 98*

