

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson County</i>		Facility Type -		Family Care Home		Facility Name: <i>Blue Bridge Retirement</i>	
		<input checked="" type="checkbox"/> Adult Care Home		Nursing Home			
		Combination Home					
Exit Date		<i>11</i>	<i>13</i>	<i>14</i>	Time Spent in Facility		Arrival Time
					<i>1</i>	hr	<i>30</i>
						min	<i>10</i> : <i>00</i> (<i>am</i>)
Name of Person Exit Interview was held with						Interview was held	
Phone		Admn.		<input checked="" type="checkbox"/> SIC (Supervisor in Charge)		<input checked="" type="checkbox"/> In-Person	

Rep: *Stephanie Brown* (Name & Title)

Committee Members Present: *Larry Kossowsky Carol Ward Deet Hill Michele Longthorn Donna Donatz M Longthorn* Report Completed by:

Number of Residents who received personal visits from committee members: *At least 10*

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

Resident Profile

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Sanitation 97 Kitchen 97 State 102.7</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	
Also, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living/Accommodations

Resident Living/Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Decorated for the Holidays Bright Home Like</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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>- Cleaning cart in middle of hall - outside Strong odor opposite med room office → No complaints/ however some beds pushed up against wall, making reach difficult → see other side</i>

Resident Services

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>Food Brought up. No fresh vegetables All canned Food mentioned by residents. Phone is outside a community room</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 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	
10. 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.

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.

More than two residents brought up communication with the night staff as a topic. They did not want to be a complaint because they felt nothing would change. This was realized after the visiting group contacted the discuss visit members of the group had spoken with residents in groups of activities. The resident discussion occurred around respectful, kindly communication on the night shift. Went back, non responsive, ignoring when unable to hear Grand Bldg. Grandy was not available for visit. Follow up to be scheduled.

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.

See Below