

Community Advisory Committee Quarterly/Annual Visitation Report

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| County <i>Henderson</i> | Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name <i>Blue Ridge Retirement</i> |
| Visit Date <i>11/2/2017</i> | Time Spent in Facility <i>2</i> hr <i>0</i> min | Arrival Time <i>1 PM</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| Name of Person Exit Interview was held with <i>Stephene Brown</i> | | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) |
| Other Staff Rep <i>Denise Solomon DON</i> (Name & Title) | | |

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| Committee Members Present <i>Card Allison, Calvin Titus, Bernice Bradley, Martha Sack, Barbara Hickey / Kathleen Dean</i> | Report Completed by: <i>Barbara Hickey / Kathleen Dean</i> |
| Number of Residents who received personal visits from committee members: <i>10</i> | |
| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Required for Nursing Homes Only) | 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

Residents appear clean, dressed personal care completed with assist as needed.

Residents appear in good spirits all expressed gratitude, enjoyment at visits. Staff seems to anticipate residents needs. Restraints used on some residents - checked frequently. Beds 29/42

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 & 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 unpleasant odor. Sanitation 6/70

New administration cleaning clean carpet frequently, rooms tidy. Large dining area appears clean. New secure med carts in use. BR not as clean esp shower.

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
Family Council? Yes No

Comments & Other Observations

Very active - activities person - frequent choices - 1-2 RN's visit daily to draw blood, check ox pt per dr. order choices at meals limited altho cook tries to accommodate.

Little community involvement. Bus available for needs.

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
Rays found in shower sink -
Lack of community involvement:

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Check BR, shower room for safety concerns.
Encourage community contacts.