

Community Advisory Committee Quarterly/Annual Visitation Report

County: **HENDERSON**

Facility Type:		Facility Name:	
<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	BLUE RIDGE RETIREMENT	
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		

Visit Date: **APR. 19, 2017** Time Spent in Facility: **1** hr **30** min Arrival Time: **4** : **00** am pm

Name of Person Exit Interview was held with: _____ Interview was held In-Person

Name: **STEPHANIE BROWN** Phone: **(828)693-0871**

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

Committee Members Present: **CALTITUS - MARTHA SACHS - BERNIE BRODSKY** Report Completed by: **CALTITUS**

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

Staffing information is posted. Yes No

(required for Nursing Homes Only)

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	LATE AFTERNOON VISIT. MANY RESIDENTS PLAYING HILL BILLY POKER (FOR PRIZES) NICELY DRESSED, PLEASANT APPEARANCES, FAIR AMOUNT OF INTERACTION AMONGST THE RESIDENTS

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	FACILITY WAS ATTRACTIVELY DECORATED FOR EASTER, WITH A NICE "EASTER EGG TREE" - OUTSIDE CLEAN, ODOR FREE. CALL BELL WAS ANSWERED IN TIME

Resident Services	Comments & Other Observations
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Do residents have the opportunity to purchase personal items with their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, inter or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS ABOUT FOOD; QUALITY GETTING BETTER, BUT NOT MUCH VARIETY AND NOT ALWAYS AN ALTERNATE FACILITY HAS VAN FOR MEDICAL SERVICES AND SOCIAL ACTIVITIES.

Areas of Concern**Exit Summary**

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.

MENU STILL NOT POSTED.

ADULT DIAPER STORAGE IS NOW LOCKED WHICH NOW PREVENTS RESIDENT'S I.D.

ACTIVITY DIRECTORY MUCH TOO SMALL AND AT A HIGH LOCATION

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.

DHHS DOA-022/2004

CATHY WILSON ADM. - LOCATED AT CARDINAL CARE
IS IN CHARGE OF FINANCES AND BOOK KEEPING

SANITATION 95.5 CENSUS: 31 of 42

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.

DHHS DOA-022/2004