



# Community Advisory Committee Quarterly / Annual Visitation Report

BCACH CAC  
(1A)

<b>County:</b> Buncombe		<b>Facility Type:</b>				<b>Facility Name</b>											
		<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	<b>BROOKDALE WALDEN RIDGE</b>											
	Combination Home		Nursing Home														
<b>Visit Date</b> 3.8.2019	<b>Time Spent in Facility</b>			0	H	r	40	MiN	XX	<b>Arrival Time</b>	11	:	05	X	a	m	pm

**Person Exit Interview was held with:** J R CURETON

**Interview was held:**  **In-Person or xxx circle)**

J R CURETON	<input checked="" type="checkbox"/>	<b>SIC(Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b> We were introduced to ALL!!	From management to custodians!! FRIENDLY
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<b>Committee Members Present:</b> JERI HAHNER    MARSHA SAFIAN    SHARON WHITE	<b>Report Completed by</b> JERI HAHNER
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**Number of Residents who received personal visits from committee members:** One resident was quite alert and aware. WE TALKED WITH 3 – ALSO TALKED TO A FAMILY MEMBER WHO WAS HIGHLY COMPLIMENTARY OF FACILITY.

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Ombudsman contact information is correct and clearly posted.</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<b>Staffing information is posted. Did not observe</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile						Comments & Other Observation
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		<p>THERE ARE ABOUT 34 RESIDENTS. ONE IS PENDING ARRIVAL. 8 MALE 25 FEMALE AVERAGE AGE IN 80s</p> <p>THIS IS A DEDICATED ACH DEMENTIA FACILITY IN BUNCOMBE COUNTY. ALL OF THE RESIDENTS NEED SPECIAL CARE.</p> <p>UPON ARRIVAL 16+ RESIDENTS WERE GATHERED AND PARTICIPATING IN AN ACTIVITY WITH NOODLES. THE LEADER WAS CHATTING WITH CONVERSATIONAL TIDBITS AS WELL AS DIRECTING THE ACTIVITY. WHEN THEY FINISHED THE LEADER HANDED OUT SNACKS AND DRINKS</p> <p>EXCELLENT JOB WAS DONE WITH THAT!!!</p>
2. 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		
3. 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		
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
5. 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		
6. Did you observe restraints in use?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Resident Living Accommodations				Comments & Other Observations	
8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>THE FACILITY HAS A COMFORTABLE LOBBY WITH SOFAS WHERE ONE WOMAN WAS ASLEEP. THERE IS A TV ROOM OFF TO ONE SIDE OF THE LOBBY WITH AN AQUARIUM WHERE A WOMAN WAS SITTING. BOTH AREAS INVITING AND ACCOMMODATING.</p> <p>FACILITY HAS A GENERATOR IN CASE OF POWER OUTAGES.</p> <p>DID NOT OBSERVE ROOMS OR APPOINTMENTS IN THE ROOMS.</p>
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.					
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services				Comments & Other Observations	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p><b>SINCE THIS FACILITY HAS A POPULATION OF DEMENTIA RESIDENTS ONLY, THE FAMILIES ARE THE ONES THAT PROBABLY DECIDE HOW THE DETAILS ARE HANDLED IN THEIR CARE. THE ACTIVITY TAKING PLACE ON OUR ARRIVAL WAS EXTREMELY APPROPRIATE AND WELL ATTENDED.</b></p> <p><b>WE DID HAVE A CONVERSATION WITH ONE RESIDENT THAT WAS VERY ALERT. SHE WOULD HAVE LIKED TO HAVE MORE CHALLENGING ACTIVITIES. SHE HAD BEEN A GOLFER.</b></p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are they given a choice about where they prefer	<input type="checkbox"/>		<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

**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.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

