

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	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 BLUE RIDGE RETIREMENT
Visit Date FEB. 6 2018	Time Spent in Facility 1 hr 30 min	Arrival Time 2:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with STEPHANIE BROWN	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 (Name & Title)		

Committee Members Present: **BERNIE BRODSKY - CALTITUS - LARRY KOSOWSKY** Report Completed by: **CAL TITUS**

Number of Residents who received personal visits from committee members: **7**

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
<p>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>CENSUS 31 of 42</p> <p>ALL RESIDENTS NICELY DRESSED</p> <p>WATCHING TV, PLAYING CARDS</p> <p>STAFF AND RESIDENTS ARE VERY COMPATING. NO FLU.</p> <p>96 RATING FOR FACILITY</p>

Resident Living Accommodations	Comments & Other Observations
<p>Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>FACILITY WAS VERY CLEAN AND ORDERLY - NO ODORS EXPERIENCED. FIRE DRILL ONCE A MONTH</p> <p>NEW MAINTENANCE MAN DOING (FULL TIME)</p> <p>A GOOD JOB AND STEPHANIE BROWN, ADM. ALSO</p>

Resident Services	Comments & Other Observations
<p>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</p> <p>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</p> <p>6a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MENU WAS POSTED. SEVERAL RESIDENTS NEGATIVE ABOUT VARIETY AND ALTERNATES NOT VERY ACCOMMODATING AT TIMES.</p> <p>RESIDENT COUNCIL ONCE A MONTH.</p> <p>RESIDENTS TELEPHONE IN PUBLIC AREA.</p>

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? FIRE EXTINGUISHERS - CARDINAL CARE IN CHARGE</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>