

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Henderson	<b>Facility Type:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%;">Family Care Home</td> </tr> <tr> <td>Combination Home</td> <td>Nursing Home</td> </tr> </table>	Adult Care Home	Family Care Home	Combination Home	Nursing Home	<b>Facility Name:</b> Formerly Golden Living now Blue Ridge Health & Rehab Center <b>Owned by Sava Senior Care</b>
Adult Care Home	Family Care Home					
Combination Home	Nursing Home					
<b>Visit Date:</b> 03-21-17	<b>Time Spent in Facility:</b> 2 hr min	<b>Arrival Time:</b> 9 : 20 x am pm				

<b>Person Exit Interview was held with:</b> Kathy Phillips - Administrator	<b>Interview was held</b> <input checked="" type="checkbox"/>	<b>In-Person or Phone (Circle) in person</b>
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<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> Buddy Edwards, Donna Sheline, Darlene Hester, Annette Goetz	<b>Report Completed by:</b> Annette Goetz
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**Number of Residents who received personal visits from committee members: 10+ (15)**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted. updated by</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Census - 102 / 130  Sanitation – Facility 98.0 Dietary 96.0     Nothing Observed
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. 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	
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 checked="" type="checkbox"/> No	Dirty Brief on Table next to bed   An electrical cord from a buffer was stretched all the way across the corridor. Arms on wheel chairs need to be replaced. The tape used for repairs was broken allowing metal to be exposed creating skin tear potentials.  Smokers we observed outside were wearing smoking aprons.
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" 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 checked="" type="checkbox"/> 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

Nothing observed

**Resident Services**

**Comments & Other Observations**

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

Dirty trays with food from dinner the night before were still sitting on the rack in the dining room.

**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?

All our areas of concern were discussed with the administrator during our exit interview. We were assured they would be addressed. Will follow up on our 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.  
**Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.