## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson

**Facility Name:** Blue Ridge Retirement

**Date:** Feb. 6, 2018

**Time Spent in Facility:** 1 hr 30 min

**Interview was held:** In-Person

**Report Completed by:** Cal Titus

**Committee Members Present:**
- Beanie Brisker
- Cal Titus
- Larry Kosowsky

### Resident Rights Information is Clearly Visible
- Yes
- No

### Ombudsman Contact Information is Correct and Clearly Posted
- Yes
- No

### Staffing Information is Posted
- Yes
- No

### Resident Profile

- Do the residents appear neat, clean and odor free? Yes
- Did residents say they receive assistance with personal care activities, Ex: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes
- Were residents interacting w/ staff, other residents & visitors? Yes
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
- Did you observe restraints in use? Yes
- If so, did you ask staff about the facility’s restraint policies? Yes

### Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes
- Did you notice unpleasant odors in commonly used areas? Yes
- Did you see items that could cause harm or be hazardous? Yes
- Did residents feel their living areas were too noisy? Yes
- Does the facility accommodate smokers? Yes
- Where? Outside only
- Inside only
- Both inside & outside.
- Were residents able to reach their call bells with ease? Yes
- Did staff answer call bells in a timely & courteous manner? Yes
- If no, did you share this with the administrative staff? Yes

### Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes
- Can residents access their monthly needs funds at their convenience? Yes
- Are residents asked their preferences about meal & snack choices? Yes
- If yes, do they give a choice about where they prefer to dine? Yes
- Do residents have privacy in making and receiving phone calls? Yes
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes
- Does the facility have a Resident’s Council? Yes
- Family Council? Yes

### Areas of Concern

- 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

### Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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