### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home  
**Facility Name:** Blue Ridge Retirement Center

**Visit Date:** 8/22/18  
**Time Spent in Facility:** 2 hr  
80 min  
**Arrival Time:** 2:30 pm  
**Departure Time:** 5:30 pm

**Other Staff Rep:** Denise Solomon  
**Admin. Interview was held:**  
**Phone:**  
**Ombudsman:**  
**SIC:**  
**Name of Person Exit Interview was held with:** Stephanie Brown  
**Other Staff Rep:** Denice Solomon

**Committee Members Present:**  
Calvin Titus  
Denise Solomon  
Kathleen Dunn

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

**Resident Rights Information is clearly visible:** □ Yes □ No  
**Report Completed:** Kathleen Dunn

**The most recent survey was readily accessible:** □ Yes □ No

**Staffing information is posted:** □ Yes □ No

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### Resident Profile

1. Do the residents appear neat, clean and odor free? □ Yes □ No
2. Did residents say they receive assistance with personal care activities,  
*Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses*? □ Yes □ No
3. Did you see or hear residents being encouraged to participate in their care  
by staff members? □ Yes □ No
4. Were residents interacting w/ staff, other residents & visitors? □ Yes □ No
5. Did staff respond to or interact with residents who had difficulty  
communicating or making their needs known verbally? □ Yes □ No
6. Did you observe restraints in use? □ Yes □ No
7. If so, did you ask staff about the facility's restraint policies? □ Yes □ No

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### Resident Living Accommodations

8. Did residents describe their living environment as homelike? □ Yes □ No
9. Did you notice unpleasant odors in commonly used areas? □ Yes □ No
10. Did you see items that could cause harm or be hazardous? □ Yes □ No
11. Did residents feel their living areas were too noisy? □ Yes □ No
12. Does the facility accommodate smokers? □ Yes □ No
12a. Where? □ Outside only  
□ Inside only  
□ Both inside & outside
13. Were residents able to reach their call bells with ease? □ Yes □ 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

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### Resident Services

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
21. Family Council? □ Yes □ No

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### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

**Substitute menu seems uncertain.**

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**Exit Summary**

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.  
**Report some mattress jell check menus - fiber.**

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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 OAC's Records.
Did residents report concern over mattresses?