Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: □ Family Care Home □ Adult Care Home □ Nursing Home □ Combination Home
Facility Name: Brookdale Walden Ridge

Visit Date: 1-16-18
Time Spent in Facility: hr 30 min
Arrival Time: 11:08 AM
Interview was held in Person □ Phone □ Admin. □ SIC (Supervisor in Charge)
□ Other Staff Rep: Health and Wellness Dr
(Other’s Name & Title)

Committee Members Present: Bennett Lincourt & Peggy Franci
Number of Residents who received personal visits from committee members: 2
Report Completed by: Peggy Franci

Resident Rights Information is clearly visible. □ Yes □ No
Ombudsman contact information is correct and clearly posted. □ Yes □ No
(Required for Nursing Homes Only)

Staffing information is posted. □ Yes □ No

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, e.g., 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 with staff, other residents & visitors? □ Yes □ No
5. Did staff respond 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

Comments & Other Observations
Residents unable to communicate

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 cell phones with ease? □ Yes □ No
14. Did staff answer cell phones in a timely & courteous manner? □ Yes □ No
14a. If no, did you share this with the administrative staff? □ Yes □ No

Comments & Other Observations
Residents unable to communicate
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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

Comments & Other Observations
Residents unable to communicate

Areas of Concern
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
8 staff were out with flu. There was no evidence of flu among residents. Temp

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.

DHHS DOA-022/2004

See over →
staff was being called in from local agencies. While we expressed concern about lack of staff there was no evidence that residents were being neglected.

We interviewed 1 family member who was very pleased with the care being extended.