### 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 Health and Rehab  

**Visit Date:** 9-19-17  
**Time Spent in Facility:** 1 hr 00 min  
**Arrival Time:** 10:20 am  
**Interview was held with:** Tim Connally  

**Committee Members Present:**  
- Donna Shelbe  
- Antoinette Goetz  
- Buddy Edwards  
**Report Completed by:** Darlene Hester  
**Number of Residents who received personal visits from committee members:** 15  

**Resident Rights Information** is clearly visible.  
**The most recent survey was readily accessible.**  
**Staffing information is posted.**

### 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 ☐

### Resident Living Accommodations

8. Did residents describe their living environment as home-like?  
   - 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 ☐

### Resident Services

15. Did residents ask their preferences or opinions about the activities planned for them at the facility?  
    - Yes ☑  No ☐
16. Did 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 ☐

### Areas of Concern

- There are resident issues or topics that need follow-up or review at a later time or during the next visit.  
- Food 10g express blocked with upholstered chair.

**Exit Summary**

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

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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 CAC's Records.

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