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

Visit Date: 11/13/2017  
Time Spent in Facility: 2 hr  
Arrival Time: 10:00 am  
Interview was held with:  
Date of Person Exit Interview was held:  
Other Staff:  
Interview was held with:  
(Name & Title)

Committee Members Present:  
Report Completed by:  
Number of Residents who received personal visits from committee members:  
Resident Rights Information is clearly visible. □ Yes □ No

Ombudsman contact information is correct and clearly 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, 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 with 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 the 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 the facility accommodate smokers? □ Yes □ No
12a. Where? □ Outside only □ Inside only □ Both Inside & Outside
12b. Were residents able to reach their call bells with ease? □ Yes □ No
13. 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. Were residents asked their preferences or opinions about the activities planned for them at the facility? □ Yes □ No
16a. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? □ Yes □ No
16b. 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
Family Council? □ Yes □ No

Areas of Concern
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
- Rags found in shower sink
- Need for community involvement

Comments & Other Observations
Residents appear clean, dressed, personal care completed with assist as needed.
- Residents appear in good spirits, all expressed gratitude, enjoyment of activities. Staff seems to anticipate residents needs.
- Resident used on some residents changed frequency. Beds 2/9/12

Comments & Other Observations
No unpleasant odor, sanitation is 6%
- New administration cleaning clean carpet, frequently, remove marks. Fast, Large dining area appears clean. New resident med cart in use. Better, not as clean, esp. shower.

Comments & Other Observations
Very active - Activities person frequent choices
- 1-2 RN’s visit daily to show blood, check on PT. Resident choices at meals limited, staff tried to accommodate.
- Little community involvement. Bus available for needs.

Exit Summary
Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.
- Checks BR, shower room for safety concerns, encourage community contacts.

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.