### Community Advisory Committee Quarterly/Annual Visitation Report

**Facility Name:** Emerald Ridge

**Visit Date:** 12-4-17  
**Time Spent in Facility:** 1 hr 15 min

**Interview was held:** In-Person

<table>
<thead>
<tr>
<th>County:</th>
<th>Facility Type:</th>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buncombe</td>
<td>Nursing Home</td>
<td>Emerald Ridge</td>
</tr>
</tbody>
</table>

**Committee Members Present:**

- Maria Alpera
- Judy McDougall

- [ ] Yes  
- [ ] No

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

**Resident Rights information is clearly visible:**

- [ ] Yes  
- [ ] No

**Ombudsman contact information is correct and clearly posted:**

- [ ] Yes  
- [ ] No

**The most recent survey was readily accessible:**

- [ ] Yes  
- [ ] No

**Staffing information is posted:**

- [ ] Yes  
- [ ] No

### Resident Profile

1. **Do the residents appear neat, clean and odor free?**
   - [ ] Yes  
   - [ ] No

2. **Did residents 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. **Did you ask staff about the facility’s restraint policies?**
   - [ ] Yes  
   - [ ] No

### Comments & Other Observations

- One woman in hallway, pretty loud
- DNA — most were up a out of bed

### Resident Living Accommodations

8. **Did residents consider 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 and 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

### Comments & Other Observations

- One woman in hallway, pretty loud
- DNA — most were up a out of bed

### 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
Visitor: Meals were funny. Resident is not supposed to have.

Dfr. Visitor: Meals are not what is on the sheet.

Kudos:
Active in just press play
Grant winner—has cat & is purchasing items for cat.

"Couldn't ask for no better"

"People here are as good as gold"

"This is a wonderful nursing home."

"I just love it here."

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.