Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe

**Facility Type:**
- Family Care Home
- Adult Care Home
- Nursing Home
- Combination Home

**Facility Name:** Brookdale - Lindenridge

**Visit Date:** 6-13-78

**Time Spent in Facility:** 25 min

**Arrival Time:** 11:05 A.M. 11:30 A.M.

**Name of Person Exit Interview was held with:** Allison Bridges

**Interview was held:** In-Person  Phone  Admin.

**Other Staff Rep:** (Name & Title) Health & Wellness Director

**Committee Members Present:** Bennett Alcoff, Peggy Franc

**Number of Residents who received personal visits from committee members:** 4

**Resident Rights Information is clearly visible:** Yes  No

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

(Required for Nursing Homes Only)

### 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 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
13. Where? Outside only  Inside only  Both inside & Outside
14. Were residents able to reach their call bells with ease?  Yes  No
15. Did staff answer call bells in a timely & courteous manner?  Yes  No
16. If no, did you share this with the administrative staff?  Yes  No

### Resident Services

17. Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  Yes  No
19. Can residents access their monthly needs funds at their convenience?  Yes  No
20. Are residents asked their preferences about meal & snack choices?  Yes  No
21. Are they given a choice about where they prefer to dine?  Yes  No
22. Do residents have privacy in making and receiving phone calls?  Yes  No
23. Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
24. Does the facility have a Resident's Council?  Yes  No
25. 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?
- We arrived just as lunch was being served. 11 of 30 residents were on an outing to a local restaurant for lunch. The other residents...

### 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.
were interacting well with staff in dining area.

We did notice food and liquid on the floor in the dining room floor of the un-used area—left over from breakfast.

The Executive Director is out on an extended medical leave.

Our resident was in a neck brace and had evidence of—
facial bruises from a recent fall.