# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type:</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td>☐ Family Care Home  ☐ Adult Care Home  ☐ Nursing Home  ☐ Combination Home</td>
<td>Blue Ridge Health &amp; Rehab</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Visit date</th>
<th>Time Spent in Facility</th>
<th>Arrival Time</th>
</tr>
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<tbody>
<tr>
<td>12.18.18</td>
<td>1 Hr. Min</td>
<td>10:20 Am</td>
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</tbody>
</table>

Name of person Exit Interview was held with Tim Donnelly, Admin (Name & Title)
Interview was held ☐ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep

Committee Members Present:
Sheline, Goetz, Christensen, Larimore

Number of Residents who received personal visits from committee members: 12

Resident Rights Information is clearly visible. ☐ Yes ☐ No

The most recent survey was readily accessible. ☐ 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 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

Sanitary 96.5
Dietary 97.5
Census - 75 [of 129]
Memory care area - residents were active/engaged; very good!
Bulletin board - employees praised administrator for staying for days during the snow storm.

This document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.
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### 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 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

### Residential 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
   Family Council? ☐ Yes ☐ No

### Comments and Other Observations

- Portion of 200 hall empty - remodeling
  - Minor complaints - nothing pervasive.
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<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from <em>Areas of Concern</em> Section as well as any changes observed during the visit.</td>
</tr>
<tr>
<td>None</td>
<td>Markedly improved since last visit.</td>
</tr>
<tr>
<td>Need to update Ombudsman poster.</td>
<td></td>
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</tbody>
</table>