Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON

Facility Type: X Adult Care Home  Family Care Home  Combination Home  Nursing Home

Facility Name: BLUE RIDGE RETIREMENT

Visit Date: APR 19, 2017  Time Spent in Facility: 1 hr 30 min  Arrival Time: 11:00 am

Name of Person Exit Interview was held with: STEPHANIE BROWN  Phone: (828) 693-0871

Number of Residents who received personal visits from committee members: 1

Resident Rights information is clearly visible: X Yes  No  Ombudsman contact information is correct and clearly posted: X Yes  No

The most recent survey was readily accessible: X Yes  No  Staffing information is posted: X Yes  No

Resident Profile

- Do the residents appear neat, clean and odor free? X Yes  No
- Did residents say they receive assistance with personal care activities, Ex: brushing their teeth, combing their hair, inserting inures or cleaning their eyeglasses? X Yes  No
- Did you see or hear residents being encouraged to participate their care by staff members? X Yes  No
- Were residents interacting w/ staff, other residents & visitors? X Yes  No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? X Yes  No
- Did you observe restraints in use? X Yes  No
- If so, did you ask staff about the facility's restraint policies? X Yes  No

Resident Living Accommodations

- Did residents describe their living environment as homelike? X Yes  No
- Did you notice unpleasant odors in commonly used areas? X Yes  No
- Did you see items that could cause harm or be hazardous? X Yes  No
- Did residents feel their living areas were too noisy? X Yes  No
- Does the facility accommodate smokers? X Yes  No
- Where? X Outside only  X Inside only  Both Inside and Outside
- Did residents walk or move about freely? X Yes  No
- Were residents able to reach their mail boxes with ease? X Yes  No
- Did staff answer call bells in a timely & courteous manner? X Yes  No

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? X Yes  No
- Do residents have the opportunity to purchase personal items using their monthly needs funds? X Yes  No
- Are residents able to access their monthly needs funds at their convenience? X Yes  No
- Are residents asked their preferences about meal & snack services? X Yes  No
- Are they given a choice about where they prefer to dine? X Yes  No
- Do residents have privacy in making and receiving phone calls? X Yes  No
- Is there evidence of community involvement from other civic, inter or religious groups? X Yes  No
- Does the Facility have a Resident's Council? X Yes  No

Comments & Other Observations

- LATE AFTERNOON VISIT. MANY RESIDENTS PLAYING HILL BILLY POKER (FOR PILES) NICELY DRESSED, PLEASANT APPEARANCES, FAIR AMOUNT OF INTERACTION AMONGST THE RESIDENTS
- FACILITY WAS ATRACTIVELY DECORATED FOR EASTER, WITH A NICE "EASTER EGG TREE" OUTSIDE CLEAN, ODOR FREE, CALL BELL WAS ANSWERED IN TIME
- COMMENTS ABOUT FOOD QUALITY GETTING BETTER, BUT NOT MUCH VARIETY AND NOT ALWAYS AN ALTERNATE FACILITY HAS VAN FOR MEDICAL SERVICES AND SOCIAL ACTIVITIES.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>MENU STILL NOT POSTED.</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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<tr>
<td>ACTIVITY DIRECTORY MUCH TO SMALL AND</td>
<td>ADULT DIAPER STORAGE IS NOW</td>
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<tr>
<td>AT A HIGH LOCATION</td>
<td>LOCKED WHICH NOW PREVENTS RESIDENT'S I.D.</td>
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CATHY WILSON ADM. - LOCATED AT CARDINAL CARE
IS IN CHARGE OF FINANCES AND BOOK KEEPING
SANITATION 95.5      CENSUS: 31 OF 42

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