**Community Advisory Committee Quarterly/Annual Visitation Report**

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Resident Rights Information is clearly visible.</th>
<th>Ombudsman contact information is correct and clearly posted.</th>
<th>Staffing information is posted.</th>
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<tbody>
<tr>
<td></td>
<td>Adult Care Home □, Nursing Home □, Combination Home □</td>
<td>Blue Ridge Retirement</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
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</tbody>
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**Visit Date:** 05-03-2017  
**Time Spent in Facility:** 2 hr 30 min  
**Name of Person Exit Interview was held with:**  
**Other Staff Present:**  
**Committee Members Present:**  
**Number of Residents who received personal visits from committee members:**  

**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, e.g., 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 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  
16a. 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  
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  
20a. □ 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? Note: Residents had oral dental work not wanting to ask for help.

**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.