Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe

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

**Facility Name:** Brookdale Walden Ridge

**Visit Date:** 8/30/17

**Time Spent in Facility:** 1 hr 11 min

**Person Exit Interview was held with:** Dee Brooks, Executive Director

**Interview was held:** In-Person or Phone (Circle) in person

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

**Report Completed by:** Peggy Franc

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

**Resident Rights Information is clearly visible.** X Y N

**Ombudsman contact information is correct and clearly posted.** X Yes Nc

**The most recent survey was readily accessible.** (Required for Nursing Homes Only) Y N

**Staffing information is posted.** X Yes Nc

### Resident Profile

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

3. Did you see or hear residents being encouraged to participate in their care by staff members? X Yes No

4. Were residents interacting w/ staff, other residents & visitors? X Yes No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? X Yes No

6. Did you observe restraints in use? Yes X No

7. If so, did you ask staff about the facility’s restraint policies? Yes X No

### Resident Living Accommodations

**Observations**

3. Did residents describe their living environment as homelike? Yes No

**Comments & Other**

Residents unable to communicate
9. Did you notice unpleasant odors in commonly used areas? 
   Yes [x] No

10. Did you see items that could cause harm or be hazardous? 
   Yes [x] No

11. Did residents feel their living areas were too noisy? 
   Yes [x] No

12. Does the facility accommodate smokers? 
   Yes [x] No

12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease? 
   Yes [x] No

14. Did staff answer call bells in a timely & courteous manner? 
   Yes [x] No

14a. If no, did you share this with the administrative staff? 

<table>
<thead>
<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>Yes [ ] No</td>
</tr>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>Yes [ ] No</td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>Yes [ ] No</td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes [ ] No</td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>Yes [x] No</td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>Yes [x] No</td>
</tr>
<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>Yes [x] No</td>
</tr>
<tr>
<td>20. Does the Facility have a Resident's Council?</td>
<td>Yes [x] No</td>
</tr>
</tbody>
</table>

**Areas of Concern**: Concern regarding poor dental care raised by visitor of resident. Issue discussed with Executive Director on exit.

**Exit Summary**: Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.