Community Advisory Committee Quarterly/Annual Visitation Report

County: Buncombe
Facility Type: X Adult Care Home  Family Care Home  Combination Home  Nursing Home
Facility Name: Brookdale Walden Ridge

Visit Date: 2/14/17  Time Spent in Facility: hr 17 min
Arrival Time: 9:13 am pm

Person Exit Interview was held with: Teresa Redmon, Regional Coordinator  Interview was held In-Person or Phone (Circle) in person

Committee Members Present: Ann Butzner, Peggy Franc  Report Completed by: Peggy Franc

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

Resident Rights Information is clearly visible.  Ombudsman contact information is correct and clearly posted.

The most recent survey was readily accessible. *Required for Nursing Homes Only*  Staffing information is posted.

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 x No
7. If so, did you ask staff about the facility’s restraint policies?  Yes x No
8. Did residents describe their living environment as homelike?  Yes No

Residents unable to communicate

Resident Living Accommodations Observations

Comments & Other Observations
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?  
   x Yes 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?  
   Yes [x] No

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   Yes [x] No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
   Yes [x] No

16a. Can residents access their monthly needs funds at their convenience?  
   Yes [x] No

17. Are residents asked their preferences about meal & snack choices?  
   Yes [x] No

17a. Are they given a choice about where they prefer to dine?  
   Yes [x] No

18. Do residents have privacy in making and receiving phone calls?  
   x Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
   x Yes No

20. Does the Facility have a Resident’s Council?  
   x 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?
   I met 3 family members visiting with one resident. The resident has been there approximately 6 months and they are very satisfied with the level of care. The resident has had several falls while there, including some with injuries, but she had multiple falls while living at home as well. The family placed her there because they were unable to control

Comments & Other Observations

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Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.
the constant falls.

Ann attempted conversation with 3 residents at breakfast, none of whom were able to interact in any meaningful way.