### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:**  
- Adult Care Home  
- Family Care Home  
- Combination Home  
- Nursing Home  
**Facility Name:** Mountain Ridge Health & Rehab

**Visit Date:** 5/11/17  
**Time Spent in Facility:** hr 50 min  
**Arrival Time:** 2:10 am

**Person Exit Interview was held with:** Andrew Beyer, Administrator  
**Interview was held in:** Person

**Adm**  
**SIC (Supervisor in Charge):**  
**Other Staff: (Name & Title):**

**Committee Members Present:** John Bernhardt, Diane Duermit

**Report Completed by:** John Bernhardt

**Number of Residents who received personal visits from committee members:** 8

**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. (Required for Nursing Homes Only)** X Yes No  
**Staffing information is posted:**

<table>
<thead>
<tr>
<th>Resident Profile</th>
<th>Comments &amp; Other Observations</th>
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</table>
| 1. Do the residents appear neat, clean and odor free? | X Yes No  
Residents are long term and rehab, many from McDowell County but also referrals from Mission Hospital when being discharged. Located almost on the McDowell County line, many of the staff from there.  
Residents clean and appropriately dressed. |
| 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 with 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? | X Yes No |
| 7. If so, did you ask staff about the facility’s restraint policies? | X Yes No |

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<tr>
<th>Resident Living Accommodations Observations</th>
<th>Comments &amp; Other</th>
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</table>
| 8. Did residents describe their living environment as homelike? | X Yes No  
Several family members very pleased with the care being given and the staff. They highly recommended the facility. |
| 9. Did you notice unpleasant odors in commonly used areas? | X Yes 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

Residents said call bells are answered, but not always promptly.

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

20. Does the Facility have a Resident’s Council?  
   X Yes X No

**Areas of Concern**

**Exit Summary**

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

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.