

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>HENDERSON</b>	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>CAROLINA VILLAGE CARE CENTER</b>
Visit Date <b>MARCH 9 2018</b>	Time Spent in Facility <b>1 hr 00 min</b>	Arrival Time <b>11:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Name of Person Exit Interview was held with <b>ALEX TUCKER ADM.</b>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Other Staff Rep <b>KELLI RUSSELL, DON</b> (Name & Title)		
Committee Members Present: <b>CAL TITUS - BERNIE BRODSKY - ANN GOETZ</b>		Report Completed by: <b>CAL TITUS</b>
Number of Residents who received personal visits from committee members: <b>5</b>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Required for Nursing Homes Only</i>		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Resident Profile</b>		<b>Comments &amp; Other Observations</b>
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Many RESIDENTS HAVING THEIR LUNCH - ALL SUITABLY DRESSED - ALL HALLWAYS, PUBLIC ROOMS, ... CLEAN/ODOR FREE FACILITY VS RESTAURANT FREE.
<b>Resident Living Accommodations</b>		<b>Comments &amp; Other Observations</b>
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		US NEWS AND WORLD REPORT HAS LISTED CAROLINA VILLAGE NURSING FACILITIES AS ONE OF THE BEST IN NC. EACH RM ENTRANCE HAS AN AUTOMATIC HAND SANITIZER. EACH ALSO HAS IT'S OWN MINI REFRIGERATOR
<b>Resident Services</b>		<b>Comments &amp; Other Observations</b>
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		ACTIVITY BOARD HAS BEEN REPLACED WITH AN AUTOMATIC REVOLVING CALENDAR ON MONITORS THRUOUT THE FACILITY. NEWS, MENU EVENTS, ETC. EXCELLENT FOOD AND CHOICES. LUNCH WAS SHRIMP CREOLE, ALTERNATE BEEF TIPS RESIDENT COUNCIL MEETS MONTHLY
<b>Areas of Concern</b>		<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <b>RESIDENTS NAME/ROOM NUMBER POSTED IN PUBLIC LOBBY. RESIDENT HAS OPTION TO ECLIPSE.</b>		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <b>CENSUS 51 of 60 (3 BEDS ALWAYS RESERVED FOR RESIDENTS)                  SANITATION 98.0</b>

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.