

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	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 CAROLINA VILLAGE CARE CENTER
Visit Date JUNE 20 2017	Time Spent in Facility 2 hr 00 min	Arrival Time 1 : 00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with ALEX TUCKER, ADM.		Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC(Supervisor in Charge)
Other Staff Rep (Name & Title)		Report Completed by: CAL TITUS
Committee Members Present: CAL TITUS - BERNIE BRODSKY - MARTHA SACHS		
Number of Residents who received personal visits from committee members:		
Resident Rights information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Required for Nursing Homes Only</i> DEC. 2016		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile	Comments & Other Observations	
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 type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARRIVED JUST AFTER LUNCH; AS A RESULT WE DID NOT ENCOUNTER MANY RESIDENTS. MOST WERE IN THEIR ROOMS, SEVERAL IN THE LOUNGING AREA'S. ALL WERE NEATLY GROOMED AND COMFORTABLE.	
Resident Living Accommodations	Comments & Other Observations	
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	CENSUS: 53 of 60 SANITATION 98.0 2 DINNING ROOMS, ONE ON EACH FLOOR. CHOICE OF WHERE TO DINE. ALL SPA'S WITH WALK IN TUB'S. 2 ND FLOOR HALLWAY HAD A "ARCADE STYLE" BASKET BALL GAME (FOR DEXTERITY PURPOSES)	
Resident Services	Comments & Other Observations	
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No 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 type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" 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	4 NEW STAFF IN CARE: NURSES AND CNA'S (BECAUSE OF TWO FLOORS) HAVE MICROPHONES FOR COMMUNICATION INSTEAD OF WALKIE TALKIES, SINCE JAN. 2017. ACTIVITY BOARD FULL, INCLUDING - 1:30 TO 4 PM, 15 MIN. MASSAGE IN YOUR ROOM WITH JOY. SALAD BAR ON FIRST FLOOR. BAKED SALMON WAS AN ALTERNATE ON TODAY'S MENU	
Areas of Concern	Exit Summary	
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	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.