

CAROLINA RESERVE CO

Community Advisory Committee Quar	terly/Annual Visitation Report
County Facility Type - ☐ Family Care Home	Facility Name CAROUNA RESERVE
HOUDERSON Adult Care Home I Nursing Home Combination Home	Hendersonville
Visit Date UNE 14 2018 Time Spent in Facility hr 42 m Name of Person Exit Interview was held with SHEILA GALLOWAY	
Mother Staff Rep MAINTONNICE PERSON (Name & Title)	nterview was held In-Person Phone Admn. SIC(supervisor in Charge)
Committee Members Present:	Report Completed by:
LARRY KOSOWSKY, TOM KOATING	TOM KEATING, VOUNTER
Number of Residents who received personal visits from committee members:	1/01/1/4/11/19, Vocan/con
Resident Rights Information is clearly visible. Yes, No	Ombudsman contact information is correct and clearly posted. Wes No
The most recent survey was readily accessible. Dees I No	
(Required for Nursing Homes Only)	Staffing information is posted. Wes No
Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? ✓ es ☐ No	
2. Did residents say they receive assistance with personal care activities,	SANTATION 98,0 \$ 97.0
Ex. brushing their teeth, combing their hair, inserting dentures or cleaning	4 STAR RATING
their eyeglasses? Eyes  No	
Did you see or hear residents being encouraged to participate in their care	
by staff members?  Yes  No	EDERLINE PAUSTER PROME
4. Were residents interacting w/ staff, other residents & visitors? Zyes \(\text{No}\)	MRESHLY MINIONS
Did staff respond to or interact with residents who had difficulty	FRESHLY PAINTED ROOMS & SOME CARPETS CLEANED
communicating or making their needs known verbally? Yes \(\mathbb{I}\) No	
6. Did you observe restraints in use? ☐ Yes ☐ No	BRIGHT & WELCOMING !
7. If so, did you ask staff about the facility's restraint policies? ☐ Yes☐ No	
Resident Living Accommodations	Comments 8 Oil Oil
8. Did residents describe their living environment as homelike? Yes No	Comments & Other Observations
9 Did you notice unpleasent odors in comments used areas The MEMORY	MINCIA E AVINAGE
10. Did you see items that could cause harm or be hazardous? Tyes ZNo	MUSIC & EXENCISE
	ACTIVITY GOING ON AS
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This Document is a PUBLIC RECORD. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.