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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 Reserve Hendersonville ALF
Visit date February 21, 2019	Time Spent in Facility Hr. 35 Min	Arrival Time 10:50 Am PM
Name of person Exit Interview was held with <u>Lisa Banks, Resident Care Coordinator</u> (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Charlie McCurdy, Sandra Rodriguez, Don Streb, Lynn Herge		Report completed by: Lynn Herget
Number of Residents who received personal visits from committee members: 9		
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 checked="" type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Resident Profile		Comments and Other Observations
<ol style="list-style-type: none"> 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. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" 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 		<p>When we arrived, there were 8 residents seated with the activity director in a common area just off of the lobby, . All were engaged in a game of Noodle Ball (pool noodles & a balloon). All were smiling! Several residents stayed in the room for the next scheduled activity when Noodle Ball was over. The facility has a full calendar of activities posted, several of which are provided by outside groups.</p>

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9.) We did detect a faint odor of urine. And, in one room saw a pile of bed linens on the floor.</p> <p>10.) Committee members detected two doorways that led to the kitchen and a storage unit/employee time card area (with door accessing the kitchen) that were unlocked.</p> <p>12.) Smokers, both residents and employees, have a designated area to smoke behind the facility.</p>
Residential Services	Comments and Other Observations
<p>15. 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</p> <p>16. 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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>15.) RCC stated that the residents favorite activities are Noodle Ball and bowling.</p> <p>17.) Residents are able to eat in their rooms if they prefer.</p> <p>19.) Detailed activity calendar designated activities provided by outside groups in bold lettering. There appeared to be something provided by these groups almost daily.</p> <p>20.) There is no family council, but family is invited to participate in individual care plan meetings.</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <ol style="list-style-type: none"> 1. In general, residents expressed that they felt they received good care. One mentioned that food could be better, but he did not offer any specifics. 2. The odor of urine that we detected in the hallways is something that we would like to follow up on. 3. The unlocked doors leading to the kitchen and storage area. 	<p>Discuss items from <i>"Areas of Concern"</i> Section as well as any changes observed during the visit.</p> <ol style="list-style-type: none"> 1. As a new food supplier (Gordon), as well as a new head of dietary has recently started, we would like to follow up to see that things have smoothed out. 2. <i>Issues with urine odor was discussed w/ Admin</i>, but we would like to follow up and see that this is improved. 3. Facility admin noted our concern about the unlocked doors for safety reasons. State that they will follow up.

