

Community Advisory Committee Quarterly/Annual Visitation Report

County		☐ Family Care Home me ☐ Nursing Home	Facility Name Carolina Reserve/Laurel Park		
Visit date 6-4-2019 Name of person Exit Interview	Time Spent in Fa	Woman Assert			
	ion OPhone O/		or in Charge) Other Staff Rep		
Charlie McCurdy, Don Streb, Sandra	Rodriguez and Lyn He	rget Charlotte (Charlie) McCurdy			
Resident Rights Information is Ves No	clearly visible.	its from committee members: 19 Ombudsman contact information is correct and clearly posted.			
The most recent survey was read Yes No (Required for Nursing Homes		Staffing information is posted			
Resident Prof	ile	Comments	and Other Observations		
Resident Profile 1. Do the residents appear neat, clean and odor free? Yes \(\subseteq No \) 2. Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? \(\subseteq Yes \subseteq No \) 3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes \(\subseteq No \) 4. Were residents interacting w/ staff, other residents & visitors? Yes \(\subseteq No \) 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes \(\subseteq No \) 6. Did you observe restraints in use? \(\subseteq Yes \subseteq No \) 7. If so, did you ask staff about the facility's restraint policies? \(\subseteq Yes \subseteq No \)		 The facility seemed clean, neat and very homey. No complaints from residents except for the quality of the food. The facility has a new food supplier. One resident was having a little trouble getting used to the surroundings, after just moving in. The supervisor in charge was asked how new residents are helped to adjust. When someone moves in they are assigned an ambassador (which is a staff member) to stay with them to help find their way around and where to sit during meals, etc. 			

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Resident Living Accommodations	Comments and Other Observations
 Did residents describe their living environment as homelike? ☐ Yes ☐ No Did you notice unpleasant odors in commonly used areas? ☐ Yes ☑ No Did you see items that could cause harm or be hazardous? ☐ Yes ☑ No Did residents feel their living areas were too noisy? ☐ Yes ☑ No Does the facility accommodate smokers? ☐ Yes ☐ No Where? ☑ Outside only ☐ Inside only ☐ Inside only ☐ Both Inside & Outside. Were residents able to reach their call 	
bells with ease? Ø Yes ☐ No 14. Did staff answer call bells in a timely & courteous manner? Ø Yes ☐ No 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	- Residents wear call bells around their necks, while there we witnessed one in use and the staff responded quickly.
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☐ No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☐ Yes ☐ No 16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No 17. Are residents asked their preferences about meal & snack choices? ☐ Yes ☐ No 17a. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No 18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☐ No 20. Does the facility have a Resident's	- The residents have a Food Council that meets the first Tuesday of each month, @ 2:30 P.M.

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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.
A bathroom door would not close in one of the residents room. Maintenance was supposed to fix that problem this afternoon. 6-4-19	
	The state of the s