

Community Advisory Committee Quarterly/Annual Visitation Report

County: **HENDERSON**

Facility Type: Adult Care Home Family Care Home
 Combination Home Nursing Home

Facility Name: **CAROLINA VILLAGE CARE CENTER**

Visit Date: **AUG. 6 2015** Time Spent in Facility: **1** hr **00** min Arrival Time: **12** : **00** am pm

Name of Person Exit Interview was held with: _____ Interview was held In-Person

Name: **KELLI RUSSELL - Dir. of Nursing** Phone: _____

Role: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: **M. SACHS, A. CARLUTH, B. BRODSKY, K. DUNN, C. TITUS** Report Completed by: **CAL TITUS**

Number of Residents who received personal visits from committee members: _____

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Required for Nursing Homes Only

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VISITED AT LUNCH TIME. MOST RESIDENTS IN DINING ROOM NEATLY ATTIRED
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	
Also, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT FREE FACILITY

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ROOMS ARE SPACIOUS, CLEAN HALLS CARPETED - RELATIVELY QUIET.
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 checked="" type="checkbox"/> No	
Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input checked="" type="checkbox"/> Both Inside and Outside.	
Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff answer call bells in a timely & courteous manner? <input checked="" 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	

Resident Services	Comments & Other Observations
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	FOOD IS FIRST CLASS. TODAY'S CHOICE, SALMON OR LOIN OF PORK. HAVE SALAD BAR ALSO. ACTIVITY BOARD FULLY POSTED FULL VAN SERVICES PROVIDED. 2ND FLOOR HAS A UPHOLSTERED MOVIE ROOM
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 checked="" 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, labor 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	

Are there resident issues or topics that need follow-up or review at a later time or during a 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.

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STEPHANIE MALVES - ACTIVITY DIRECTOR

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