

Community Advisory Committee Quarterly/Annual Visitation Report

County: Anderson

Facility Type:		Facility Name:	
<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<u>Carolina Village</u>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		

Visit Date: Fri. May 2nd Time Spent in Facility: 2 hr 3 min Arrival Time: 1:30 am pm

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

Name: Jon Renegar - Kelli Russell "head nurse" Phone: 828-692-8275

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

Committee Members Present: Bernie Brodsky - Aubrey Carruth Report Completed by: Bernie Brodsky
Kandy Rice, Kitty

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. Were residents interacting w/ staff, other residents & visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Do you observe restraints in use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. How, did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

you feel welcome as you enter the facility - All trying to be helpful

Kitchen Sanitation 98.0 & facility 98.0

58-rooms - 6 Vacant but will be filled in a day -

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Did residents feel their living areas were too noisy?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Does the facility accommodate smokers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12a. Where? [] Outside only [<input checked="" type="checkbox"/>] Inside only [] Both Inside and Outside.	
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Living Accommodations will include "Laminate Flooring" in all rooms. Workers present doing these upgrades.

Upgrades on food trays have been ordered (2) sided wagons keeping food warm when delivered to rooms

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17a. Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Activities clearly posted on monthly chart

Residents forming committees to encourage things to do.

facility cost \$9,000 per month. per person

Physical therapy - includes all age staff with lots of patients