

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Anderson

Visit Date: <u>5/2/2014</u>	Facility Type:			Facility Name: <u>Carolina Village Medical Center</u>
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home		
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Time Spent in Facility: <u>3</u> hr <u>—</u> min		Arrival Time: <u>1</u> : <u>43</u> : <u>0</u> am <input type="checkbox"/> pm		

Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held \_\_\_\_\_ In-Person

Name: John Renegar, Administrator, Alex Jackson, Adm., Kerry Russell Phone: 828-692-6275

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

Committee Members Present: John, Kandy Rice, Bernice Brodsky, Aubrey Garretts Report Completed by: Kathleen Dunn

Number of Residents who received personal visits from committee members: 10

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
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residents appear clean, well dressed, smiling, greeting committee. Most actively participating in daily activities with several staff members. Interaction between staff and residents appear frequent, friendly, both very responsive to each other. One complaint of cold food. Christmas dinner/dinner discussed new with.
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. So, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Overall comfortable clean and pleasant environment. Private rooms with baths, residents bring personal items, furniture. Newly placed beds in place. Tour house keepers kept facility well maintained. Census 31 residents/60 beds including short term rehab, hospice and permanent residents.
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input checked="" 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	

Resident Services	Comments & Other Observations
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	and permanent residents. Talked to Diane Elliott activities director who review different activities planned. Transportation provided for shopping and events outside residence. Complete rehab facility with Chris Chen Chad Simpson direct supervising. Short term temporary rehab patients as well as various rehab available for residents. Discussed new pool opening soon for water therapy as well as recreation. Equipment appear to be clean and well maintained. No concerns at this time.
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

IT: Inservice classes provided by facility for staff for credit. Facility still hopes to order pads for residence.

No concerns at this time.