

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - Adult Care Home <input type="checkbox"/> <input checked="" type="checkbox"/> Nursing Home Combination Home <input type="checkbox"/>	Family Care Home Nursing Home	Facility Name CAROLINA VILLAGE MEDICAL CENTER
Visit Date Nov 14 14	Time Spent in Facility 2 hr 45 min	Arrival Time 12 : 45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Interview was held <input checked="" type="checkbox"/> In-Person
Name of Person Exit Interview was held with Phone Admn. SIC (Supervisor in Charge) Other staff			

Rep **KELLI RUSSELL, DON ASHLEY ALLEY ASST. DON** (Name & Title)

Committee Members Present: **A. CARLUTH - CAL TITUS - BERNIE BRODSKY - KATHY DUNN** Report Completed by: **CALVIN TITUS**

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 <i>(Required for Nursing Homes Only)</i>	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	MANY RESIDENTS DRESSED AND RELAXING IN ROOMS OR THE COMMON AREA, INTERACTING WITH STAFF. RESTRAINT FREE FACILITY
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 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 type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If 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	ALL ROOMS ARE PRIVATE, NO SEMI PRIVATES. ADMINISTRATION SEEKING GRANTS FOR EACH ROOM TO HAVE AN I PAD. FACILITY FREE OF ODORS. ROOMS CLEANED. HALLWAYS OPEN AND UNCLUTTERED
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 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	

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	MULTI ACTIVITIES PLANNED, VANS AVAILABLE FOR DR. VISITS ETC. TODAY - PLAYING GOLF IN ACTIVITY Rm
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 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	

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.

- SANTA CLAUS 'MAKE A WISH' LIST
- A) BLANKET WARMERS
 - B) NEW BATH TUBS WITH DOORS
 - C) NEW BED FRAMES

CENSUS: 53 of 58 - MEDICARE 12 (3 BEDS ALWAYS RESERVED FOR CAROLINA VILLAGE) 39 PRIVATE - 2 HOSPICE

SANITATION: 98.0

STAFFING:

	RN Hrs	LPN Hrs	CNA Hrs
FIRST SHIFT	3 - 24	1 - 8	8 - 64
SECOND SHIFT	4 - 32	0 - 0	8 - 64
THIRD SHIFT	1 - 8	1 - 8	5 - 40

EVERY EMPLOYEE AND RESIDENT, YEARLY, HAS TO BE TESTED FOR TB

THERE IS NO TIPPING ON THE CAMPUS, BUT RESIDENTS, FAMILY MAY CONTRIBUTE TO AN EMPLOYEE APPRECIATION FUND, DISTRIBUTED AT THE HOLIDAYS, BASED ON THE NUMBER OF HOURS WORKED. AS OF TODAY THERE IS \$128,000 COLLECTED FOR THIS FUND.

MED CENTER ALSO HAS A "PRAISE WORTHY" BOARD FOR ASSOCIATES THAT GO ABOVE AND BEYOND THEIR DUTY.