

Residents 47/48  
 Call self pay. Accepting No More Medicaid  
 Sanitation: 97.0  
 98.0

**Community Advisory Committee Quarterly/Annual Visitation Report**

County <b>Henderson</b>	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>Carolina Reserve (Laura Park)</b>
Visit Date <b>1/11/18</b>	Time Spent in Facility <b>1</b> hr <b></b> min	Arrival Time <b>10:00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <b>David</b>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: <b>Larry Kowowsky, Tom Keating, Barbara Hinson</b>		Report Completed by: <b>Barbara Hinson</b>
Number of Residents who received personal visits from committee members: <b>6</b>		
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 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**
- Do the residents appear neat, clean and odor free?  Yes  No
  - Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Yes  No
  - Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
  - Were residents interacting w/ staff, other residents & visitors?  Yes  No
  - Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
  - Did you observe restraints in use?  Yes  No
  - If so, did you ask staff about the facility's restraint policies?  Yes  No

**Comments & Other Observations**

- Ladies discussion Mtg was going on.  
 - Room very home like own furniture etc.

- Resident Living Accommodations**
- 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
  - 12a. Where?  Outside only  Inside only  Both inside & Outside.
  - Were residents able to reach their call bells with ease?  Yes  No
  - Did staff answer call bells in a timely & courteous manner?  Yes  No
  - 14a. If no, did you share this with the administrative staff?  Yes  No

**Comments & Other Observations**

Waste  
 aste baskets with garbage and dirty linens in the linen cart  
 - Coffee served at meals is cold.  
 - Water problems have been fixed.

- Resident Services**
- Were residents asked their preferences or opinions about the activities planned for them at the facility?  Yes  No
  - 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
  - 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
  - Do residents have privacy in making and receiving phone calls?  Yes  No
  - Is there evidence of community involvement from other civic, volunteer or religious groups?  Yes  No
  - Does the facility have a Resident's Council?  Yes  No  
 Family Council?  Yes  No

**Comments & Other Observations**

- Good menus  
 - Morning snack was sandwiches & fruit

**Areas of Concern**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
*Make sure linen carts have no garbage or dirty linens on them  
 sure linen carts are checked to make sure changes regarding waste ba*

**Exit Summary**

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.  
 Dave was going to follow up immediately.

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.