

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name CAROLINA VILLAGE MEDICAL CENTER
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Visit Date SEPT. 8 2017	Time Spent in Facility 1 hr 25 min	Arrival Time 12:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Name of Person Exit Interview was held with KELLI RUSSELL - DON	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
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Other Staff Rep JON RENEGER - DIRECTOR (Name & Title) OF OPERATIONS	Report Completed by: CAL TITUS
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Number of Residents who received personal visits from committee members: **9**

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
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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
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Resident Profile	Comments & Other Observations
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Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 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 If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	VISITATION DURING LUNCH PERIOD, RESIDENTS SUITABLY DRESSED. ONE WITH SOFT FOOD BEING ASSISTED BY STAFF. HIGHLY COMPLEMENTARY OF STAFF IN ALL AREA'S.
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Resident Living Accommodations	Comments & Other Observations
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Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 type="checkbox"/> No a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. b. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No d. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	FACILITY FREE OF ODORS. ROOMS CLEANED, HALLWAYS OPEN AND UNCLUTTERED. ALL ROOMS ARE PRIVATE.
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Resident Services	Comments & Other Observations
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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 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 a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. 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, volunteer 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 Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	MULT ACTIVITIES PLANNED AND POSTED. VANS AVAILABLE FOR DR. VISITS, ETC. MENUE'S POSTED - 2 DINING ROOMS
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Areas of Concern	Exit Summary
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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. CENSUS: 55 of 58 - THREE ROOMS ALWAYS OPEN FOR RESIDENTS
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