

08

### Community Advisory Committee Quarterly/Annual Visitation Report

County: Anderson		<b>Facility Type:</b>				Facility Name: Carolina Reserve Hendersonville					
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home						
Visit Date	6-4-2019	Time Spent in Facility				Arrival Time					
		1	hr	5	min	2	:	1	0	am	<input checked="" type="checkbox"/> pm

Person Exit Interview was held with:  Interview was held  In-Person

Staff: Buffy Baxley

<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Charlie McCurdy, Sandra Rodriguez, Don Streb, Lynn Herget

Report Completed by: Lynn Herget

Number of Residents who received personal visits from committee members: 20 residents

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Staffing information is posted.	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile			Comments & Other Observations
Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> X	Yes <input type="checkbox"/> No	1.) Several residents were noted with stained clothing.
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"/> X	Yes <input type="checkbox"/> No	
Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/> X	Yes <input type="checkbox"/> No	
Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/> X	Yes <input type="checkbox"/> No	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/> X	Yes <input type="checkbox"/> No	
Did you observe restraints in use?	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> X No	5.) Many residents with cognitive issues. Staff appeared helpful and understanding.
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	
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	
9.) Did you see items that could cause harm or be hazardous?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
10.) Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
11.) Does the facility accommodate smokers here? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
12.) Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	14.) Witnessed CNA respond to call bell in very short time, approximately 1 minute.
13.) Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	15.) Activity calendar had many different activities to choose from.
16.) Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 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? Are they given a choice about where they prefer to dine?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	17.) Residents have the option of ordering meal items from an alternate menu. Snack items were plentiful and varied.
	<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	20.) Council meeting posted on Activity Calendar.
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 during the next visit?

- 1.) Cleaning cart and bucket left on opposite sides of short hall, leading to outside door.
  
- 2.) Med closet unlocked. Cleaning materials inside.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Tiffany, RCC, made note of today's findings and stated that she would follow up on them.

