

Community Advisory Committee Quarterly/Annual Visitation Report

CG

County: Buncombe <i>Henderson</i>		Facility Type:				Facility Name:					
		<input checked="" type="checkbox"/> Adult Care Home				<i>Carolina Village Medical Carolina Village Assisted Living</i>					
		Combination Home		<input checked="" type="checkbox"/> Nursing Home							
Visit Date	<i>6-19-2019</i>	Time Spent in Facility		<i>2</i> h	<i>30</i> mi	Arrival Time	<i>11</i>	:	<i>00</i>	(a/m)	pm
Person Exit Interview was held with: <i>Alex Tucker, Admin.</i>						Interview was held		<input checked="" type="checkbox"/> In-Person ✓			

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: <i>Ron Howard, David Smith, Darryl Pierce (Floater)</i>	Report Completed by: <i>Ron Howard</i>
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Number of Residents who received personal visits from committee members: *25+*

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>needs updating</i>			
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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
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. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

The 3 of us spent 2 1/2 hours talking with residents, family members and friends, and staff. Without exception, all comments were positive. Facilities were clean, orderly, devoid of odors, and very well decorated. Lots of activities were on-going, lunch looked inviting, staff very pleasant to residents and us. We enjoyed talking with the Chaplain, activities director / PT, several CNAs and a few nurses. Alex made himself available for the exit interview and provided us with some history of the facilities. This was a most enjoyable visit for all 3 of us. All these comments apply to the Medical unit and Assisted Living unit.

**Resident Living Accommodations
Other Observations**

Comments &

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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? Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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? If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

~~A call unit transformer was taped to the electrical outlet - Gina said a new one should arrive tomorrow.~~

Sign posted at entrance to Carolina Village stating the entire property is a non smoking environment.

With one exception: Took several minutes for staff to enter resident's room. Later, staff told us she and other staff were engaged with residents and could not immediately leave them. We discussed this with Alex. Alex told

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
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 checked="" 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
	<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	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

us staff followed policy.