

Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	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 Carolina Reserve of Hendersonville
Visit date October 18, 2018	Time Spent in Facility 1 Hr. 25 Min	Arrival Time 10:00 Am PM
Name of person Exit Interview was held with <u>Tiffany Baxley, Executive Director</u> (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Larry Kosowsky, Thomas Keating, Charlie McCurdy, Barbara Hinson, Sue Warden, See		Report completed by: Sue Warden
Number of Residents who received personal visits from committee members: 12		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile		Comments and Other Observations
<ol style="list-style-type: none"> 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. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <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 checked="" 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 		<p>Facility has 46 residents with a desired level of 55. Their capacity is 61.</p> <p>All required postings were visible; however, the Ombudsman's listing needs to be updated.</p> <p>Sanitation for the facility is 98.</p> <p>Sanitation for the kitchen is 93.5. When questioned about this score it was stated it mainly had to do with a dishwasher not being sufficiently hot.</p> <p>This is a four-star state rated facility.</p> <p>Michelle Phillips, Supervisor in Charge for five years, said they were well staffed with more staff coming in November.</p>

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Most doors were closed to the residents rooms but the residents who were available said they were happy and comfortable.</p> <p>While all residents were neat and clean, the memory care unit had a strong urine odor throughout the hallways. An odor was also listed in the June 2018 report. The memory care kitchen also needed to be cleaned.</p> <p>The hallways in the memory care area are beautiful and bright.</p> <p>We observed several activities. Preparation was going on to celebrate a resident who has been there for five years. A volunteer was also reading to a group. Also, lots of off-campus activities.</p>
Residential Services	Comments and Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. 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</p>	<p>We were told of a craft fair on campus on November 17 to benefit hurricane victims.</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>At the next visit to the memory care unit the Committee will see if the strong urine odors have been corrected. We will also revisit the memory care kitchen area to see if it has been appropriately cleaned. This will include the outside of the cabinets and all appliances.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>Ms. Baxley made notes of our concerns to address at a later time.</p>