

Community Advisory Committee Quarterly/Annual Visitation Report

| County <i>Itenderen</i> | 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 <i>Carolina Village Carolina Care Center</i> |
|--|---|---|
| Visit Date <i>6-2-18</i> | Time Spent in Facility <i>1 hr 30 min</i> | Arrival Time <i>2:00</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep | <i>Alex Tucker</i> (Name & Title) <i>Adm.</i> | 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: <i>Bernie Brodsky, Barbara Hickey, Shelly Maupin</i> | | Report Completed by: <i>Bernie Brodsky</i> |
| Number of Residents who received personal visits from committee members: <i>5</i> | | |
| 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 checked="" 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 | | 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 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 | | <i>Arrival time at 2:00 PM - Residents active with activity of Blue Grass Music - Social Hall Completely Full. 98% Sanitation 60 Bed facility 55 beds Occupied</i> |
| Resident Living Accommodations | | Comments & Other Observations |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>New member of the Adm. team dealing with staff development and up-grades of personal. Veteran Adm. Resident gets medication from the VA and rides for Doctors Apt.</i> |
| Resident Services | | Comments & Other Observations |
| 5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No 6a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>New Apartments seem to be available "90 units" Total new residents "130" Future upgrds "Walk-In Tubs - Already received 12 new recliners Physical therapy department also dealing with speech and hearing.</i> |
| Areas of Concern | | Exit Summary |
| 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. |