

Community Advisory Committee Quarterly/Annual Visitation Report

County:

Henderson

Facility Type:	
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home
<input checked="" type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home

Facility Name: *NH*
Carolina Village Medical Center

Visit Date: *11-19-18* Time Spent in Facility: *30* hr *30* min Arrival Time: *12:29* am pm
 Name of Person Exit interview was held with: *Jon Rejevor* Interview was held In-Person

Name: *Jon Rejevor* Phone: _____
 Title: Check Box Admn. Dir. of Operations SIC (Supervisor in Charge) Other staff *Kelly Russe, DCI*

Committee Members Present: *Bernie Brodsky, Barbara Hickey, Jacky Pompanio, Ron Howard* Report Completed by: *Ron Howard*

Number of Residents who received personal visits from committee members: *10+*

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No
 The most recent survey was readily accessible. Yes No Staffing information is posted. Yes No
(Required for Nursing Homes Only) *Need to Update*

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>Brushing was in very good condition - Rating is 99.5.</i></p> <p><i>Observation some dining groups. Residents told us they very much liked the food and service. Talking to a few family members who frequent the food & service was excellent. appeared as displayed abnormally on a large board near lunch dining room. Residents had multiple options for food.</i></p> <p><i>we did discuss restraint Policy</i></p>
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>we talked to several staff, all were helpful & pleasant. we asked about the colored buttons posted on doors - 2nd floor we witnessed 3 occasions where the card of a resident was not staff attended to the door. B. Uggie boarded with a staff seen & resident into the building. One resident called wrong room & the resident in room used the card belt to check a staff's ID card & directed the person back to dining room.</i></p>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
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? <input checked="" 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	

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	<p><i>As noted above, residents have multiple choices for activities & activities.</i></p> <p><i>we noted the "Praise Worthy Bulletin board" which contained notes, cards & letters thanking staff for providing good/pleasant care.</i></p> <p><i>During the exit interview a CAC member inquired about the Resident's Council. Mr. D. Rejevor was very helpful & informative.</i></p> <p><i>Director of Operations & DON were most informative & responded to all our questions.</i></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	
16a. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <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 Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	