

CAROLINA RESERVE
LAUREL PARK

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 - LAUREL PARK
Visit Date JUNE 19, 2018	Time Spent in Facility hr 50 min	Arrival Time 10:45 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with DAVID FARDOLUS - ED		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: LARRY KOSOWSKI & TOM KEATING		Report Completed by: TOM KEATING, CAC VOLUNTEER
Number of Residents who received personal visits from committee members: 9		
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

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

- SANITATION 98.0 & 97.5
3 STAR RATING

- LOTS OF ACTIVITY
GOING ON - ALMOST
ALL RESIDENTS WERE
ENGAGED

- EMPLOYEE OF THE MONTH
SIGN IN THE VESTIBULE

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- Where? Outside only Inside only Both Inside & Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

VISITED WITH SEVERAL
RESIDENTS AT FRONT - ALL
WERE CONTENT WITH ACCOM-
MODATIONS & SERVICES.

"ART FROM THE HEART"
DISPLAY WAS ATTRACTIVE

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- Does the facility have a Resident's Council? Yes No
Family Council? Yes No

Comments & Other Observations

ONE RESIDENT WOULD
PREFER MORE SALADS.

VERY COMPREHENSIVE
ACTIVITY SCHEDULE.

GOOD DISCUSSION WITH
THE EXEL DIR.

"VILLAGE" MURAL IN
THE MEMORY CARE UNIT

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

NONE

Exit Summary

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

NONE

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.