Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Henderson</th>
<th>Facility Type</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Family Care Home</td>
<td>Carolina Reserve (Laura Park)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Visit Date</th>
<th>1/1/18</th>
<th>Time Spent in Facility</th>
<th>1 hr</th>
</tr>
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<tbody>
<tr>
<td>Arrival Time</td>
<td>10:00</td>
<td>Interview was held</td>
<td>In-Person</td>
</tr>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>David</td>
<td>Phone Adm.</td>
<td></td>
</tr>
<tr>
<td>Other Staff Rep</td>
<td>Angela T. Torres</td>
<td>SIC (Supervisor in Charge)</td>
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</tbody>
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Committee Members Present: Larry Kowalsky, Tom Keating, Barbara Hinson

Report Completed by: Barbara Hinson

Number of Residents who received personal visits from committee members: 6

Resident Rights Information is clearly visible. ☐ Yes ☑ No
The most recent survey was readily accessible. ☐ Yes ☑ No
(Required for Nursing Homes Only)

Resident Profile

1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ 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? ☐ Yes ☑ No

3. Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ☐ No

4. Were residents interacting with staff, other residents & visitors? ☑ Yes ☐ No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑ Yes ☐ No

6. Did you observe restraints in use? ☐ Yes ☑ No

7. If so, did you ask staff about the facility's restraint policies? ☑ Yes ☐ No

Resident Living Accommodations

8. Did residents describe their living environment as homelike? ☑ Yes ☐ No

9. Did you notice unpleasant odors in commonly used areas? ☑ Yes ☐ No

10. Did you see items that could cause harm or be hazardous? ☑ Yes ☐ No

11. Did residents feel their living areas were too noisy? ☑ Yes ☐ No

12. Does the facility accommodate smokers? ☑ Yes ☐ No

12a. Where? ☑ Outside only ☐ Inside only ☐ Both inside & Outside.

13. Were residents able to reach their call bells with ease? ☑ Yes ☐ No

14. Did staff answer call bells in a timely & courteous manner? ☑ Yes ☐ No

14a. If no, did you share this with the administrative staff? ☑ Yes ☐ No

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No

16a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No

17. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No

17a. Are they given a choice about where they prefer to dine? ☑ Yes ☐ No

18. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No

19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No

20. Does the facility have a Resident's Council? ☑ Yes ☐ No

Family Council? ☑ Yes ☐ No

Areas of Concern

- Staff baskets with garbage and dirty linen in the linen cart.
  
- Coffee served at meals is cold.

- Witty problems have been built.

- Good measures.

- Snack was decent.

Exit Summary

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

Dave was going to follow up immediately.