Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson
Facility Name: Carolina Village Care Center

Visit Date: March 9, 2018
Time Spent in Facility: 1 hr 00 min
Arrival Time: 11:00 am
Interview Time: 1:00 pm

Date of Person Exit Interview was held with: Alex Tucker, Administrator
Other Staff: Kelli Russell, Don (Name & Title)

Committee Members Present: Cal Titus

Number of Residents who received personal visits from committee members: 5
Resident Rights Information is clearly visible: Yes
Most recent survey was readily accessible: Yes
Required for Nursing Homes Only: No

Resident Profile

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

Resident Living Accommodations

1. Did residents describe their living environment as homelike? Yes
2. Did you notice unpleasant odors in commonly used areas? Yes
3. Did residents feel their living areas were too noisy? Yes
4. Does the facility accommodate smokers? Yes
5. Where? Outside only
6. Were residents able to reach their call bells with ease? Yes
7. Did staff answer call bells in a timely & courteous manner? Yes
8. If no, did you share this with the administrative staff? Yes

Resident Services

1. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes
2. Did residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes
3. Can residents access their monthly needs funds at their convenience? Yes
4. Are residents asked their preferences about meal & snack choices? Yes
5. Are they given a choice about where they prefer to dine? Yes
6. Do residents have privacy in making and receiving phone calls? Yes
7. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes
8. Does the facility have a Resident’s Council? Yes
9. Family Council? Yes

Areas of Concern

- Discuss items from "Areas of Concern" section as well as any changes observed during the visit.
- Census 51 of 60 (3 beds always reserved for residents)
- Sanitation 98.0

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