Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson
Facility Type: □ Family Care Home □ Adult Care Home □ Nursing Home □ Combination Home
Facility Name: Carolina Reserve - Hendersonville

Visit Date: SEP 7 2017
Time Spent in Facility: 1 hr 0 min
Arrival Time: 11:05 AM
Other Staff Rep: Housekeeper/Janitor
Name & Title: Sheryl Hamilton, DON
Interview was held: In-Person □ Phone □ Admin. □ SIC (Supervisor in Charge)
Report Completed by: Tom Keating

Committee Members Present: Larry Kosinski, Brenda & Tom Keating
Number of Residents who received personal visits from committee members: 5-6

Resident Rights Information is clearly visible. □ Yes □ No
(Required for Nursing Homes Only)

The most recent survey was readily accessible. □ Yes □ No

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 w/ 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

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

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.

DHHS DOA-022/2004