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 - LAURA PARK

Visit Date: SEP 7 2017 Time Spent in Facility: 1 hr 10 min
Arrival Time: 10 AM
Interview was held: □ In-Person □ Phone □ Admn. □ SIC (Supervisor in Charge)

Other Staff Rep: HOUSEKEEPERS (Name & Title)
Number of Residents who received personal visits from committee members: 5

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
MUSIC PROGRAMS
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 home like? □ Yes □ No
9. Did you notice unpleasant odors in common use 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. Did 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?

Music Program

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.