Community Advisory Committee Quarterly/Annual Visitation Report

County: Carolina Village Care Center
Facility Name:

Visit Date: 9/11/2012
Time Spent in Facility: 1 hr 30 min

Name of Person: Fail Branch
Interview was held with: Phone: (Name & Title) : Director of Nursing
Other Staff Rep: Kari Rice (Name & Title) : Director of Nursing

Committee Members Present: Bernice Brovsky, Calvin Titus, Louise Green

Number of Residents who received personal visits from committee members: At least 10

Ombudsman Contact Information is correct and clearly posted. [Yes] [No]
Resident Rights Information is clearly visible. [Yes] [No]
The most recent survey was readily accessible. [Yes] [No]
(Required for Nursing Homes Only)

Comments & Other Observations

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 common 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 or 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]

Comments & Other Observations

Resident Autonomy

Sanitation: 98% of facility clean and very homelike.
60 Beds-16 Vacant-24
Nursing Shifts Consist of 3-night Shifts
Less Amount of Care.

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Therapy 9-shif of Care for Patient Rehab.
New Addition Pools Table: great for activity and therapy.
Activity for Care Center and Medical residents very active keeping busy and involved.

Areas of Concern

These resident issues or topics that need follow-up or review at a later time or during the next visit:
Future: "Victim of Carolina Village Apartments." "Villa's left," Note at Care Center & Medical FULL

Exits Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Dining Room of Care Center: Wood floor has Sticky Surface. "Accident prone" Second Floor reported.

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.

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