### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Nursing Home  
**Facility Name:** Carolina Village Medical Center

**Initiate Date:** Sept. 8 2017  
**Time Spent in Facility:** 1 hr 25 min  
**Arrival Time:** 1:00 PM  
**Other Staff Rep:** John Reneger - Director of Operations

**Resident Rights Information is Clearly Visible:** Yes  
**Most Recent Survey was Readily Accessible:** Yes  
**Staffing Information is Posted:** Yes  
**Ombudsman Contact Information is Correct and Clearly Posted:** Yes  

#### Resident Profile

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

#### Resident Living Accommodations

- **Did residents describe their living environment as homelike?** Yes  
- **Did you notice unpleasant odors in commonly used areas?** Yes  
- **Did residents feel their living areas were too noisy?** Yes  
- **Does the facility accommodate smokers?** Yes  
  - **Where?** Outside only  
  - **Outside?** Yes  
  - **Both Inside & Outside?** No  
- **Were residents able to reach their call bells with ease?** Yes  
- **Did staff answer call bells in a timely & courteous manner?** Yes  
- **If no, did you share this with the administrative staff?** Yes

#### Resident Services

- **Were residents asked their preferences or opinions about the activities planned for them at the facility?** Yes  
- **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** Yes  
- **Can residents access their monthly needs funds at their convenience?** Yes  
- **Are residents asked their preferences about meal & snack choices?** Yes
  - **If no, did you provide this information to the administrative staff?** Yes
- **Are they given a choice about when they prefer to dine?** Yes
- **Do residents have privacy in making and receiving phone calls?** Yes  
- **Is there evidence of community involvement from other civic, volunteer or religious groups?** Yes  
- **Does the facility have a Resident's Council?** Yes  
- **Family Council?** Yes

#### Areas of Concern

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident issues or topics that need follow-up or review at a later time or during the next visit.</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>

**Census:** 55 of 58 - Three rooms always open for residents.

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**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.