Community Advisory Committee Quarterly/Annual Visitation Report

Facility Name: Carolina Village Medical

Visit Date: 12-6-17
Time Spent in Facility: 2 hr 30 min
Arrival Time: 2 pm

Name of Person Exit Interview was held with: KELLI RUSSELL
Interview held In-Person

Other Staff Rep: Head Nurse Director

Committee Members Present: Bernie Brosky, Calvin Titus, Keith Dunn, Masha Sachs, Barbara Hickey, Bernie Brosky

Report Completed by:

Number of Residents who received personal visits from committee members:

1. Do the residents appear neat, clean and odor free? ☐ Yes ☐ No
2. Did residents say they received 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

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

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

Areas of Concern

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Follow-up and

Exit Summary

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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