## Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henderson</td>
<td>Family Care Home</td>
<td>Carolina Village</td>
<td>Carolina Care Center</td>
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</table>

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Name of Person Exit Interview was held with</th>
<th>Other Staff Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-23-22</td>
<td>1 hr 30 min</td>
<td>Alex Tucker</td>
<td>(Name &amp; Title)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Members Present:</th>
<th>Report Completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernie Brinks, Barbara Hickey, Steve Mayfield, Marvin Bledsoy</td>
<td></td>
</tr>
</tbody>
</table>

| Number of Residents who received personal visits from committee members: | 5 |

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>@Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The most recent survey was readily accessible.</td>
<td>@Yes □ No</td>
</tr>
</tbody>
</table>

### 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, e.g., 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

3. Did residents describe their living environment as home-like? @Yes □ No
4. Did you notice unpleasant odors in commonly used areas? @Yes □ No
5. Did residents feel their living areas too noisy? @Yes □ No
6. Does the facility accommodate smokers? @Yes □ No
7a. Where? @Outside only □ Inside only □ Both inside & outside |
8. Were residents able to reach their call bells with ease? @Yes □ No
9. Did staff answer call bells in a timely & courteous manner? @Yes □ No
10a. If no, did you share this with the administrative staff? @Yes □ No

### Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? @Yes □ No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? @Yes □ No
6a. Can residents access their monthly needs funds at their convenience? @Yes □ No
7. Are residents asked their preferences about meal & snack choices? @Yes □ No
7a. Are they given a choice about where they prefer to dine? @Yes □ No
8. Do residents have privacy in making and receiving phone calls? @Yes □ No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? @Yes □ No
10. Does the facility have a Resident's Council? @Yes □ No

### Areas of Concern

- [ ] 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.

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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.