**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** HENDERSON  
**Facility Type:** □ Family Care Home  
□ Adult Care Home  
□ Nursing Home  
□ Combination Home  
**Facility Name:** CAROLINA VILLAGE CARE CENTER

**Visit Date:** June 20 2017  
**Time Spent in Facility:** 2 hr 00 min  
**Arrival Time:** 1:00 PM

**Name of Person Exit Interview was held with:** ALEX TUCKER, ADM.  
**Interview was held with:** Person □ Phone □ Admin. □ O/C (Supervisor in Charge)

**Other Staff Rep:** [Name & Title]

**Committee Members Present:** CAL TITUS - BERNIE BRODSKY - MARTHA SACHS

**Report Completed by:** CAL TITUS

**Number of Residents who received personal visits from committee members:** [Number]

**Resident Rights Information is clearly visible:** □ Yes □ No  
**Most recent survey was readily accessible:** □ Yes □ No  
**Required for Nursing Homes Only:** [Yes/No]

**DEC. 2016**

### Resident Profile

- Do the residents appear neat, clean and odor free? □ Yes □ No
- 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
- Did you see or hear residents being encouraged to participate in their care by staff members? □ Yes □ No
- Were residents interacting w/staff, other residents & visitors? □ Yes □ No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? □ Yes □ No
- Did you observe restraints in use? □ Yes □ No
- If so, did you ask staff about the facility’s restraint policies? □ Yes □ No

### Resident Living Accommodations

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

### Resident Services

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

### Areas of Concern

- Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.

### Comments & Other Observations

- ARRIVED JUST AFTER LUNCH AS A RESULT WE DID NOT ENCOUNTER MANY RESIDENTS. MOST WERE IN THEIR ROOMS, SEVERAL IN THE LOUNGING AREAS. ALL WERE NEATLY GROOMED AND COMFORTABLE.

- CENSUS: 53 OF 60 SANITATION 98.0 2 DINING ROOMS, ONE ON EACH FLOOR. CHOICE OF WHERE TO DINE. ALL SPA’S WITH WALK IN TUBS. 2ND FLOOR HALLWAY HAD A MARACAS STYLE BASKET BALL GAME (FOR ENTERTAINMENT PURPOSES)

- 4 NEW STAFF IN CARE, NURSES AND CNA’S (BECAUSE OF TWO FLOORS) HAVE MICROPHONES FOR COMMUNICATION INSTEAD OF WALKIE TALKIES, SINCE JANUARY 2017. ACTIVITY BOARD FULL, INCLUDING 1:30 TO 4PM, 15 MIN MESSAGE IN YOUR ROOM WITH JOY, SALAD BAR ON FIRST FLOOR.

- BAKED SALMON WAS AN ALTERNATE ON TODAY’S MENU

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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.