### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** Carolina Village Care Center  
**Time Spent in Facility:** 30 min  
**Arrival Time:** 1:30 pm

Date: March 15  
Interview was held with: Alex Tucker  
Interviewer was held with: In-Person  
Other Staff Rep: Director of Nursing (Name & Title): Kelli Russell  
Number of Residents who received personal visits from committee members:  
Ombudsman contact information is correct and clearly posted: Yes  
Staffing information is posted: Yes  
Resident Rights Information is clearly visible: Yes  
The 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 the 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  
- Did the residents interact 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? Yes  
- If so, did you ask staff about the facility's restraint policies? Yes

#### Resident Living Accommodations

- Did the residents describe their living environment as homelike? Yes  
- Did you notice unpleasant odors in commonly used areas? No  
- Did you see items that could cause harm or be hazardous? No  
- Did the residents feel their living areas were too noisy? No  
- Does the facility accommodate smokers? Yes  
- 2a. Where? Inside only  
- 3a. Were residents able to reach their call bells with ease? No  
- 4a. Did staff answer call bells in a timely & courteous manner? Yes  
- 4a. If no, did you share this with the administrative staff? Yes

#### Resident Services

- Were the 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 the residents asked their preferences about meal & snack choices? Yes  
- Are the residents given a choice about where they prefer to dine? Yes  
- Do the residents have privacy in making and receiving phone calls? Yes  
- Is there evidence of community involvement from other civic, volunteer or religious groups? No  
- Does the facility have a Resident's Council? Yes  
- Family Council? Yes

#### Areas of Concern

- Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Discuss items from "Areas of Concern" Section as well as any charges observed during the visit. Day Care Future possible for Children of Employed Workers and Nurses.

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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.