### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:** Family Care Home  
**Facility Name:** Carolina Village Health Center

**Visit Date:** 6-2015  
**Time Spent in Facility:** 2 hr 30 min  
**Arrival Time:** 10:00 AM

**Name of Person Exit Interview was held with:** Alex Tucker  
**Activity:** Medical

**Other Staff Present During Activity (Name & Title):**

**Committee Members Present:** Bernie Brodsky-Calvins Titus, Martha Schenck

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

<table>
<thead>
<tr>
<th>Resident Rights Information is clearly visible.</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>The most recent survey was readily accessible.</td>
<td>Yes</td>
<td>No</td>
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<td>(Required for Nursing Homes Only)</td>
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#### 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.  
   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 w/ 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

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

#### Resident Services

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

- Floor in dining area sticky - Told caused by insecticide cleaner.

#### Comments & Other Observations

- Renovation & remodeling available to increase apt size. Building of new apartments and cottages in the works. The Medical & Care Center will also be renovated. Medical Center is in need of new equipment.

- Lunch menus posted daily. Alternates for food like baked salmon.

- Residents having lunch. Walk in bibs, CNA assisting with help in feeding.

- Activities: Art Workshop, Entertainment, Pool Table donated by Arrow 10.

- Residents pleased with care, food & living conditions.

#### 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.