# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Type:**  
- Family Care Home  
- Adult Care Home  
- Nursing Home  
- Combination Home  

**Facility Name:** Carolina Reserve Hendersonville  
**Visit Date:** June 14, 2018  
**Time Spent in Facility:** 45 min  
**Arrival Time:** 10:40 AM  
**Interview was held:** In-Person  
**Other Staff Rep:** Maintenance Person  
**Name & Title:** Larry Boskowsky, Tom Keating  
**Report Completed by:** Tom Keating, Volunteer  
**Number of Residents who received personal visits from committee members:** 2  
**Resident Rights Information is clearly visible:** Yes  
**The most recent survey was readily accessible:** Yes  
**(Required for Nursing Homes Only)**  
**Staffing information is posted:** Yes  

## 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 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 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  
    - Yes  
    - No
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

- Slight urine odor in Memory Care Unit

## Exit Summary

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

- MS. Galloway is the Newly Appointed Ed.