# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Henderson  
**Facility Name:** Carolina Reserve - Laurel Park  
**Visit Date:** June 19, 2018  
**Time Spent in Facility:** 50 min  
**Arrival Time:** 10:35 AM  
**Name of Person Exit Interview was held with:**  
**Other Staff Rep:**  
**Interview was held on:** Person  
**Phone:** Admin.  
**SIC (Supervisor in Charge):**  
**Number of Residents who received personal visits from committee members:** 9  
**Ombudsman contact information is correct and clearly posted:** Yes  
**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, such as 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 any requests 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 any hazards 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 meals & 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  

Family Council?  
    - Yes  
    - No  

## Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  

**NONE**

## Exit Summary

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

**NONE**

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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.