County: Chartham Facility Type: Facility Name/Address: Carolina Meadows: Fairways Yadut Care Home Committee Meadows: Facility Name/Address: Carolina Meadows: Facility Name/Address: Carolina Meadows: Visit Date: 41/4/2023 Time spent in facility: 52 mins. Arrival time: 6:05 pm Name of parson exit interview was held with: Interview Name/Address: Report Completed by: Anita Tesh Committee Members Present: Keryn Immermann, Anita Tesh, Patil Liegi Report Completed by: Anita Tesh Number of Residents who received personal visits from committee members: 7 tesha Bell. LPN Resident Rights Information is dieady visible: Yes Ombudsman Contact thoi is correct and dearly posted: Yes 1. Do the residents who receive assistance with personal care activites? Ex. burshing their fach, combig their hari, inserting dentures or cleaning their eyeglasses? Yes Resident Section Meadows 3. Did you observe restrains in use? Yes Yes Pointing in process during vist, assistance & encouragement given as needed. 4. Were residents interactions being encouraged to participate in their care by staff members? Yes 3. Did you observe restraints in use? Yes	Community Advisory Committee Quarterly/Annual Visitation Report						
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	Per activity calendar.
20. Does the facility have a Resident's Council? Family Council?	Yes No	Resident's Council meets monthly, shown on calendar. In-person care plans meet when applicable.
Areas of Concern	Yes/No/NA	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	No	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit
No concerns. Staff were welcoming to CAC visitors.		No concerns. Resident's issue with remembering "ground rules" discussed with
One resident stated that she had trouble figuring out the "ground rules,"		nurse manager without disclosing resident's
such as who she could sit with at meals, or when she had to wear a mask, or when she should stay in her room due to active COVID on her hall. This		name.
resident repeated points frequently which suggests she may have memory		
problems. Resident did not want her name used in report to facility.		

This Document is **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.