

Nursing Home and Adult Care Home Community Advisory Committees

Program Overview & Job Description

Community Advisory Committee (CAC) members for Nursing Homes and Adult Care Homes are trained volunteers. They are local citizens appointed by their county Board of Commissioners. These committees were established by the North Carolina State Legislature (G.S. 131D-31 and G.S. 131E-128) to be volunteer, grassroots advocates for residents in long-term care facilities. The committees cover Nursing Homes, Adult Care Homes, and Family Care Homes within their county.

ROLES & RESPONSIBILITIES

The very presence of informed, concerned citizens in and around facilities can make a critical difference and provide a force to ensure quality care for long-term care residents.

The Community Advisory Committees have the responsibility to:

- Work to maintain the intent of the Resident's Bill of Rights.
- Make official visits to assigned facilities to apprise themselves of the general conditions under which residents are living and to establish rapport with residents, families, staff, and administrators.
- Serve as the nucleus for increased community interaction with facilities.
- Assist residents and their families with grievance resolution regarding residents' rights issues.
- Promote community education and awareness of the needs of residents in long-term care facilities.
- Work toward keeping the public informed about long-term care issues in their county.

Typically, CAC members spend an average of 8 hours per month fulfilling their primary responsibilities which include visiting long-term care facilities and completing visitation worksheets. Additionally, attendance is required at quarterly committee meetings.

MINIMUM REQUIREMENTS FOR APPOINTMENT

Initial appointment to the CAC is for a one-year term. At the discretion of the Board of Commissioners, members are eligible for subsequent appointments to two or three year terms. Appointees must be 18 years or older and must reside in the county that they serve. They cannot have an immediate family member residing in or employed by the type of home that their committee covers, nor can they have a financial interest in a long-term care facility served by the committee. After appointment by the Board of County Commissioners, members must be able to visit long-term care facilities with fellow committee members. An interest in advocacy for disabled and senior adults is desirable.

TRAINING REQUIREMENTS

CAC members are required to complete 36 hours of initial orientation and training prior to appointment on the committee. This required orientation and training is outlined as follows:

- Classroom/Virtual Training (20 hours)
- Independent study/online modules (6 hours).
- Facility orientation on-site (10 hours)

After initial training and orientation, CAC members are required to complete a minimum of 18 hours continuing education relative to long-term care annually.

Additional Information

Citizens serving on these committees are the link between the facilities and the community. Their work will ultimately result in the improved quality of life for long-term care residents. Committees often find very interesting and creative ways to fulfill their responsibilities, such as:

- ★ Participating in local health fairs.
- ★ Publishing resource directories.
- ★ Hosting information nights for families.
- ★ Meeting with local elected officials to voice concerns about long-term care issues.

Long-Term Care Ombudsman Program

Ombudsman is a Swedish word meaning citizen representative or advocate. The Ombudsman Program investigates complaints about care and services in long-term care facilities, mediates disputes, offers information about long-term care options, provides advocacy services, and offers technical assistance and consultation to senior citizens, family caregivers, public agencies, legislators, and care providers.

North Carolina General Statutes direct the Ombudsman Program to ensure that long-term care residents have full opportunity to exercise their basic rights which include civil and religious liberties, the right to independent personal decisions, and knowledge of available choices.

Ombudsmen do not have regulatory authority over long-term care facilities, nor do they investigate allegations of abuse and neglect as defined in the North Carolina Statutes.

The Ombudsman Program is responsible for the training and support of the Community Advisory Committees, which includes:

- Orienting new members and providing ongoing training.
- Assisting committees in developing effective strategies to address local long-term care issues.
- Providing technical assistance and information to the general public and others.
- Analyzing long-term care issues specific to the county.
- Facilitating a positive relationship between the CAC, County Department of Social Services, Mental Health, Division of Health Service Regulation, County Health Department, and County Government.
- Referring concerns, issues, and complaints to the appropriate regulatory agency.
- Maintaining a current directory of facilities and committee membership.
- Reporting committee activities to the Division of Aging and Adult Services.

For further information about the program contact:

Piedmont Triad Regional Council Area Agency on Aging

**1398 Carrollton Crossing Drive
Kernersville, NC 27284
Phone (336) 904.0300
Fax (336) 904.0302**

Community Advisory Committee VOLUNTEER APPLICATION

Thank you for your interest in the Community Advisory Committee. If you are a county resident, at least 18 years old, and are willing to volunteer your time and expertise to your community, please complete and submit this application and mail or fax to.

Piedmont Triad Regional Council Area Agency on Aging
1398 Carrollton Crossing Drive
Kernersville, NC 27284
(336) 904-0302

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ()	WORK PHONE: ()	CELL PHONE: ()
EMAIL:		
PLACE OF EMPLOYMENT:		
COUNTY OF RESIDENCE:	COMMITTEE REQUESTED? PLEASE CHOOSE ONE: <input type="checkbox"/> ADULT CARE HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> JOINT	
Why are you interested in volunteering on the Community Advisory Committee?		
Please list any work, volunteer, and/or educational experience that you would like us to consider in the review of your application. Feel free to attach a resume.		

Do you have a family member (spouse, son, daughter, mother, father, sister, brother, or in-laws of these) who resides in a facility that might be visited by the committee on which you are interested in serving?	YES	NO
Do you have a financial interest in a facility that might be visited by the committee on which you are interested in serving?	YES	NO
Are you an employee of or serving on a governing board of a facility that might be visited by the committee on which you are interested in serving?	YES	NO
Do you provide paid services of any kind to a resident or staff person in a facility that might be visited by the committee on which you are interested in serving?	YES	NO
Are you a public official?	YES	NO
Are you available to complete 36 hours of initial orientation prior to assuming any official responsibilities on the committee? Initial training includes 20 hours of classroom/virtual training; independent-study/modules (6 hours); on-site facility visits/orientation session (10 hours).	YES	NO
Are you available for a minimum of 8 hours every quarter (i.e. every 3 months) to visit facilities in your county?	YES	NO
Are you available to attend a one-hour quarterly committee meeting in your county during business hours?	YES	NO
Are you willing to complete 18 hours of continuing education per year (provided by the Ombudsman Program)?	YES	NO
Do you understand that monetary reimbursement may not be provided for expenses incurred (i.e. mileage) by committee volunteers?	YES	NO
Have you been convicted of any criminal or civil offenses that relate to the abuse, neglect, or exploitation of children and/or adults; drug misuse; fire arm violations; physical or sexual assault; murder or other violent crime?	YES	NO

With my signature, I affirm that I have thoroughly read and understand the information provided in this packet. I affirm that the information I have provided in this volunteer application is accurate to the best of my knowledge.

SIGNATURE: _____

DATE: _____

In order to help us comply with state reporting requirements, please complete the following questions:

SEX: M F RACE: _____ DATE OF BIRTH (mm/dd/yyyy): _____

This information will not be kept with your application