

Program Overview & Job Description

Nursing Home and Adult Care Home Community Advisory Committees

Community Advisory Committee members for Nursing Homes and Adult Care Homes are trained volunteers. They are local citizens appointed by their county Boards 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 persons in long-term care facilities.

The Community Advisory Committees have the responsibility to:

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

Typically, CAC members spend an average of 10 hours per month fulfilling their primary responsibilities i.e., visiting long term care facilities and completion of quarterly 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, after the one year term is completed 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. After appointed by the Board of County Commissioners, members must be able to visit long term care facilities between the hours of 10:00am - 8:00pm at least quarterly with fellow committee members. An interest in advocacy for disabled and senior adults is desirable.

TRAINING REQUIREMENTS

Advisory Committee Members are required by North Carolina General Statutes to complete 15 hours of initial orientation and training prior to exercising any power under G.S. 131D-32. In Region R this required orientation and training is outlined as follows:

- ☒ Phase I - Full day training session held in the county you serve. (7 hours)
- ☒ Phase II - Completion of a home-study assignment (average time-5 hours over 30 day period)
- ☒ Phase III - Facility orientation session with the Ombudsman held at a facility in the county (3 hours)

After initial training and orientation, CAC members are required to complete a minimum of 10 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 home 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 the local delegation of legislators to voice concerns about long-term care issues

Long Term Care Ombudsman Program

Ombudsman is a Swedish word meaning citizen representative or advocate. The office of the Ombudsman investigates complaints about services in long term care facilities, mediates disputes, offers information/referral about long term care, provides advocacy services, technical assistance and consultation to senior citizens, public agencies, legislators, and care providers.

North Carolina General Statutes direct the Long-Term Care Ombudsman 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 Regional Ombudsman is responsible for the training and support of the Community Advisory Committees, which includes:

- Orienting new members and providing on going 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 locality
- 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
- Referral of concerns, issues, 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:

Region R
Albemarle Commission Area Agency on Aging
Debra Sheard, Regional Long Term Care Ombudsman
P.O. Box 646, 512 S. Church Street
Hertford, NC 27944
Phone: (252) 426-5753 Ext. 225
Fax: (252) 426-8482

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 willing to volunteer your time and expertise to your community, please complete and submit this application.

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ()	WORK 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 15 hours of initial orientation prior to assuming any official responsibilities on the committee? Initial training includes a full-day (7 hours) of classroom training; completion of a home-study assignment (average time-5 hours over 30 day period)	YES	NO
Are you available for a minimum of 6-8 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 10 hours of continuing education per year (provided by the Ombudsman Program)?	YES	NO
Do you understand that no monetary reimbursement will 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